

声明 / Statement

姓 Last Name:

名 First Name:

护照号码 Passport Number:

本人特此声明:

I declare that:

已接种新冠疫苗，随函提供接种证明文件。

I have get vaccinated from COVID-19, proof of rehabilitation is enclosed.

未接种新冠疫苗；也未感染新冠肺炎。

I didn't get vaccinated from COVID-19 and I have not been infected by COVID-19 pneumonia.

未接种新冠疫苗；曾经感染新冠肺炎，现已康复，随函提供康复证明。

I didn't get vaccinated from COVID-19 and I have recovered from COVID-19 pneumonia, proof of rehabilitation is enclosed.

签名 Signature: _____

日期 Date: _____