CIS visitor health declaration.
CIS到访者健康声明表.

To complete this form, download and type your answer in each field. If you do not have a digital signature, please just enter your name. Save the form and send the soft copy to the respective CIS staff member. 下载并填完表格中的所有选项。如您没有电子签名，请直接输入您的名字。请保存此表格并将电子版发送给学校相关负责人。

Date日期：_____

First name (as per passport) 名（同护照）：_____

Last name (as per passport) 姓（同护照）：_____

NRIC/FIN/Passport/Visa number 身份证/准则/护照/签证号: _____

Mobile phone 手机号码: _____

Who is your appointment with 您与谁会面: _____

Over the last 14 days have you:
在过去的14天里：

1. Or a family member who resides with you **travelled outside Singapore?**
   您或与您一起居住的家庭成员是否曾在新加坡以外的国家旅行？
   - ❏ Yes 是
   - ❏ No 否

2. Had **visitors from outside Singapore?**
   您是否有来自新加坡以外的访客？
   - ❏ Yes 是
   - ❏ No 否

3. Had a fever (37.5 or higher) or respiratory symptoms (eg cough, runny nose)?
   是否发烧（37.5度或以上）或者有呼吸道疾病的症状（如：咳嗽、流鼻涕）？
   - ❏ Yes 是
   - ☑ No 否

4. Been hospitalised or seen by a doctor?
是否看过医生或住院？
   ❏ Yes 是
   ❏ No 否

5. Or anyone in your family been put on a stay home notice, quarantine order or leave of absence?
与您住在一起的家庭成员是否进行过"居家隔离(stay home notice)" 或"14天强制缺席假(LOA)"？
   ❏ Yes 是
   ❏ No 否

6. Or anyone in your family been in contact with someone with COVID-19?
   ❏ Yes 是
   ❏ No 否

   ❏ I understand that by completing this CIS visitor declaration form, I am giving CIS permission to share all information I've provided with the relevant Singapore authorities.
   通过填写此CIS访客声明表，我了解并授权CIS将所有信息与新加坡政府有关当局共享。

Your signature 签字: _____

NOTICE 注意

If you answer yes to any of these questions, you will not be allowed to enter the campus. We thank you for your cooperation as we work to safeguard the wellbeing of our community.
如有以上任何一个问题的回答是"是"，您将不能进入校区。感谢您配合我们努力维护校园安全。