

Orientation health declaration. CIS健康声明表.

This form will be available at the guard house when you arrive. If you'd like to complete it at home, download and type your answer in each field. If you are completing the form online and do not have a digital signature, please just enter your name.

该表格将在警卫室提供。如果您想在家中完成，请下载并填完表格中的所有选项。如果您在线填写表格并且没有电子签名，请输入您的姓名。

Date日期 : _____

Appointment time 预约时间: _____

Mobile phone 手机号码: _____

FAMILY DETAILS

Person 1:

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: _____

Person 2:

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: _____

Person 3:

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: _____

Person 4:

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: _____

HEALTH & TRAVEL DETAILS 健康与旅行细节

If you've moved to Singapore in the last 6 months, please state when you arrived and what country you came from:

如果您在最近六个月内移居新加坡，请注明到达的日期以及说明您来自哪个国家：

**Over the last 14 days have any of you
在过去的14天内：**

1. Or other family member(s) who reside 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)”，“隔离令(quarantine order)”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?

您家中有人与患有COVID-19的人接触过吗？

- ☐ 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。

Name of person completing form 填写人姓名: _____

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。