**新冠疫苗接种声明书**

**Letter of Commitment on COVID-19 Vaccination**

声明人姓名Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，性别Gender：\_\_\_\_\_，

出生日期Date of birth：\_\_\_\_\_\_\_\_\_年Year\_\_\_\_\_月Month\_\_\_\_\_日Date，  
护照号Passport No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_，

电话Telephone：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，电邮Email：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**声明内容Statement:**

1. 本人已接种新冠疫苗，接种详情如下

I have receivedCOVID-19 vaccination and the details are as follows：

1. 疫苗品牌名称Vaccine brand name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 接种机构名称Name of vaccination institution：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 接种机构地址（国家、省/州、市、街道、门牌号）Address of vaccination institution (country, province/state, city, street, building number)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 接种机构联系方式(电话、电子邮件）Contact information of vaccination institution (telephone,email)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. 疫苗接种剂次及接种日期（请选择并填写）Doses and date of vaccination (please select one and fill in the blanks)：

□一剂次One dose

接种日期Date of vaccination：\_\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

□二剂次Two doses

第一剂接种日期

Date of vaccination for first dose：\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

第二剂接种日期

Date of vaccination for second dose：\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

1. 本人所附疫苗接种凭证（接种卡或其它接种证明）真实无误。

I hereby declare that the attached vaccination certificate (vaccination card or other forms of certification)is true and accurate.

本人保证以上所有内容真实，并愿意承担由此引起的一切法律责任，包括但不限于因虚报、瞒报导致被限制去中国旅行或被追究法律责任等后果。

I hereby declare that theinformationprovided above is true, and I shall bear all legal responsibilities arising therefrom, including but not limited to restricted travel to China,punishment by law, or otherconsequences in the case of partial or false disclosures.

声明人签名Signature：\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_年Year\_\_\_\_\_月Month\_\_\_\_\_日Date