

Guangzhou Women and Children's Medical Center

Medical Commitment (for Overseas personnel)

广州市妇女儿童医疗中心就诊承诺书

(境外人员)

Dear patients(尊敬的患者朋友):

According to the requirements of the "the Law of the People's Republic of China on the Prevention and Control of Infectious Diseases", in order to further prevent and control the epidemic situation, please take the initiative to truthfully inform your relevant information and answer any inquiries from medical staff. Thank you for your understanding and cooperation! 依据《中华人民共和国传染病防治法》要求,为进一步做好疫情防控工作,请您主动如实告知相关信息,如实回答医务人员的询问。感谢您的理解和配合!

Date 就诊日期: _____ Name of patient 患者姓名: _____

Body temperature 体温: _____ °C ☐ normal 正常 / ☐ fever 发烧

Gender 性别: ☐ male 男 / ☐ female 女 Age 年龄: _____ years 岁

Passport (ID card) number 护照(身份证)号码: _____

Nationality 国籍: _____

Phone number 联系电话: _____

Address 就诊患者现住址: _____

1. Did you have fever within the recent week? 您是否有发热(一周内)?

☐ My body temperature is as normal as always (一直体温正常)

☐ Had a fever 曾有发热($\geq 37.3^{\circ}\text{C}$) _____ °C (Please fill in the highest temperature within the recent week 请填写一周内最高体温)

2. Did you have any overseas sojourn or residence history, or contact with overseas patients with fever or respiratory symptoms in the past 14 days? 您 14 天内是否有境外居住史、旅游史,或接触过境外返回的发热或有呼吸道症状的患者?

☐ No 都没有

☐ Yes 有 (Please fill in the overseas country or region 请填写境外国家或地区)

3. Did you have contact with patients from domestic communities with reported cases who have fever or respiratory symptoms in the past 14 day? 您 14 天内接触过境内其他有病例报告社区的发热或有呼吸道症状的患者吗?

☐ No 没有 ☐ Yes 有

4. Did you have contact with any confirmed infector of "COVID-19" (Nucleic acid test with "positive") in the past 14 day? 您 14 天内接触过新冠肺炎感染者(核酸检测阳性者)吗?

☐ No 没有 ☐ Yes 有

5. Were there 2 or more cases of fever and/or respiratory symptoms in your home, office, school class, workshop or other small areas in the past 14 days? 您 14 天内有无家庭、办

公室、学校班级、车间等小范围出现 2 例及以上发热和/或呼吸道症状的病例？

☐No 没有 ☐Yes 有

6. Have you had any fever or cough or cold during the outbreak? 疫情期间您有没有发热或咳嗽或感冒等不适？

☐No 没有

☐Yes 有. The specific situation(具体是): ☐fever 发热 ☐cough 咳嗽 ☐fatigue 乏力 ☐diarrhea/vomit 腹泻/呕吐

7. Other contact history with epidemic areas or COVID-19 to be explained. 其它要说明的疫区或新型冠状病毒相关接触史。

☐No 没有 ☐Yes 有. Please elaborate (如果有, 请详细说明): _____

note 注:

1. You will not be discriminated against in the medical activities because of answering the above questions. Your answers will make contribution to the prevention and control work of COVID-19. 您不会因回答上述问题在诊疗活动中受到任何歧视, 您的回答将给新冠肺炎防控工作做出您的贡献;

2. If you have any of the above conditions, for the health of yourself and others, please cooperate with relevant screenings before seeing a doctor, being hospitalized or accompanying the patient. 如果您有上述情况, 为了您和他人的健康, 请配合完成相关筛查后再就诊、住院或陪护患者;

3. If your concealment results serious consequences such as the further spread of the epidemic, you may violate the criminal law and constitute a crime. 如果您隐瞒导致疫情播散等严重后果, 可能触犯刑法, 构成犯罪。

I guarantee that the above information is true and I will bear any legal responsibility for any concealment. 我保证上述内容属实, 如有隐瞒, 将承担法律责任。

Signature 承诺人(本人) 签字: _____

Relationship with patient 与患者关系: _____

Signature of doctor 接诊医生签名: _____

Please fill in this form truthfully, otherwise you are not allowed to go to the doctor. 请如实填写此表, 未填表不能就诊。