

2019 新冠肺炎疫苗接种声明书

Declaration of Vaccination of Covid-19 Vaccines

姓名 Full Name	
国籍 Nationality	
护照号码 Passport Number	
接种疫苗名称 Vaccine Name	
第一针接种日期 和地点 1st Dose Vaccination Date and Place	
第二针接种日期 和地点(如有) 2nd Dose Vaccination Date and Place (if any)	
本人承诺以上情况属实。如有不实，本人愿意承担一切后果。 I hereby declare that the information given above is true and correct. I shall bear all the responsibilities for any false information provided.	
签名： Signature:	
日期： Date:	