HEALTH REQUIREMENTS TO CHINA

Passengers travelling from or via Finland to Mainland China shall show the airline agent the following documentation

CAPTURE AND SAVE THE CODE

CHINESE NATIONALS FOREIGN NATIONALS Valid Health declaration QR-code Valid Health declaration QR-code Valid QR-code for COVID-negative test result (HS-code) Valid Health Declaration Form endorsed and stamped by the Chinese Embassy (as proof of COVID-negative test result) Valid passport Valid passport Valid Chinese visa or residence permit (that has been issued after 28.3.2020) Samples of the required QR-codes for Chinese nationals: Samples of the required QR-code and the Health declaration form for foreign nationals: Health Declaration Health Declaration 2020/07/16 19:39:04 2020/07/16 19:39:04

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Health Declaration Form

I (Full name: , Passport number:) hereby declare that I have had none of the following situations in the 14 days immediately preceding the date on this Health Declaration Form:

- 1. Being confirmed or suspected of COVID-19 infection by any medical institution;
- 2. Running a fever at or above 37.3°C or showing respiratory symptoms;
- 3. Coming into contact with confirmed or suspected COVID-19 cases;
- Coming into contact with patients with a fever or respiratory symptoms;
- 5. Staying in a community or hotel reporting confirmed or suspected COVID-19
- At least two persons in my office or family running a fever or showing respiratory symptoms:
- Taking medicine for fever or cold;
- Visiting public spaces like hospitals, theaters, restaurants and leisure facilities or taking part in group activities without taking protective measures like wearing a mask.

I declare the truthfulness and veracity of the statements above and the COVID-19 negative certificate I have provided. If any of the above-mentioned situations happens to me before leaving for China, I shall cancel the trip.

I acknowledge and accept the responsibilities under this Declaration pursuant to the relevant laws and regulations of the People's Republic of China should I conceal any health condition that might cause the spread of quarantinable infectious diseases or give rise to serious risks of such spread.

Signature:	Date:/(Day/Month/Year)
- 100 + 100	
o be completed by consular	officers of the Chinese Embassy or Consulate:
ertificate (No. leclarant, Used for the sole p	/Consulate has examined the COVID-19 negative , Issuance date:/_/) provided by the purpose of pre-boarding screening by airlines, this health
leclaration form is valid unti	
Seal. 由住人足住的有	Date:/(Day/Month/Year)
驻芬兰大使馆	