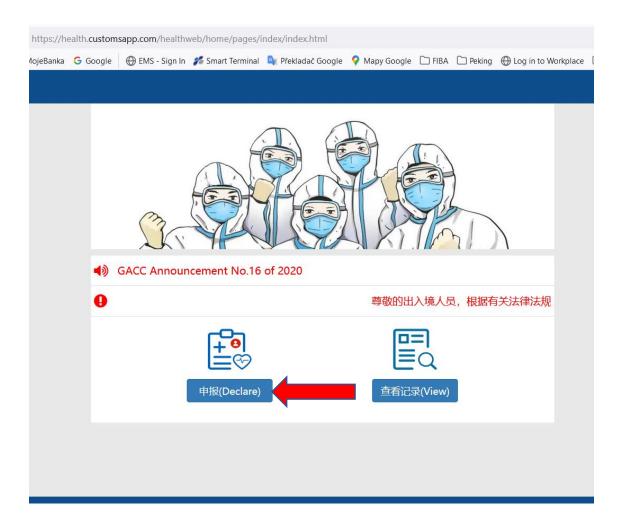
REGISTRACE PRO ZÍSKÁNÍ QR KÓDU PRO CELNÍ ZDRAVOTNÍ PROHLÁŠENÍ PEKING 2022

https://health.customsapp.com/healthweb/home/pages/index/index.html

Registraci je nutné udělat nejpozději před check-in do letadla do Pekingu.

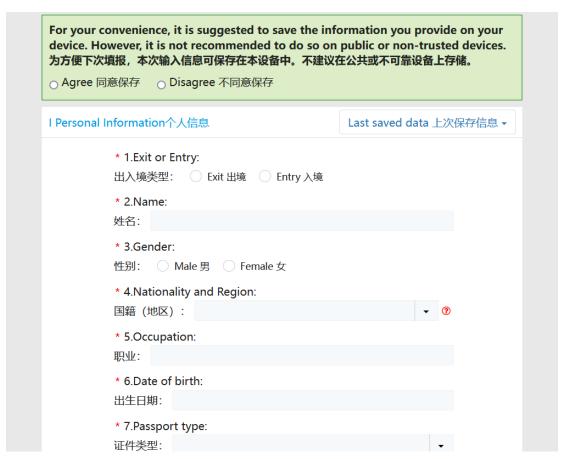
Dokumenty, které potřebujete k vyplnění:

- Osobní informace, cestovní doklad (číslo)
- Číslo letu a číslo sedadla
- Adresu ubytování v Pekingu, kontaktní osobu (pro sportovce a týmové doprovody info níže)





1) Vyplnění osobních údajů



Flight (ship/train)No.: 航班 (船班/车次) 号: 博輸入,例如CZ303/Please Enter, Such As CZ303 Seat No.: 座位号: 博輸入產位号,例如38F/Please Enter Seat No., Such As 38F * 2.Please select the Mobile number type: 请选择手机号类型: Chinese 境内 Overseas 境外 * mobile phone/landline number: 有效手机号或固定电话: * 3.Contact persons in China and their mobile phone/landline number: 其它境内有效联系人及有效手机号或固定电话: 联系人/Contact person + 有效手机号或固定电话/Mobile number or	1.Please fill in for passengers entering and leaving by commercial transportation (Personnel taking international flights, trains, buses, ferries and cruises should fill in this item): 乘商用交通工具出入境的旅客请填写 (凡乘坐国际航班、列车、客车、轮渡、邮轮出入境的人员均应填写此项):
Seat No.: 座位号: 酒輸入座位号,例如38F/Please Enter Seat No., Such As 38F * 2.Please select the Mobile number type: 请选择手机号类型: Chinese 境内 Overseas 境外 * mobile phone/landline number: 有效手机号或固定电话: * 3.Contact persons in China and their mobile phone/landline number: 其它境内有效联系人及有效手机号或固定电话:	
座位号: 南納入庫位号,例如38F/Please Enter Seat No., Such As 38F * 2.Please select the Mobile number type: 请选择手机号类型: Chinese 境内 Overseas 境外 * mobile phone/landline number: 有效手机号或固定电话: * 3.Contact persons in China and their mobile phone/landline number: 其它境内有效联系人及有效手机号或固定电话:	请输入,例如CZ303/Please Enter, Such As CZ303
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number: 其它境内有效联系人及有效手机号或固定电话:	请选择手机号类型: Chinese 境内 Overseas 境外 * mobile phone/landline number:
number: 其它境内有效联系人及有效手机号或固定电话:	
联系人/Contact person + 有效手机号或固定电话/Mobile number or	number:
	联系人/Contact person + 有效手机号或固定电话/Mobile number or

2) BOD 3 – použijte následující kontakt: Pan Hui, panhui@beijing2022.cn, tel:+86 (010)66680367

List of Beijing 2022 "inviting party" contacts for the Customs Health Declaration QR code form

Department	Field of Services	Office Liaison	Telephone Number	Email
International Relations	Olympic/Paralympic Family Services and Protocol	Wang Ting	+86 (010)66680351	wangting@beijing2022.cn
Department	NOC/NPC Services / Athletes	Pan Hui	+86 (010)66680367	panhui@beijing2022.cn
Sports Department	International Federations	Zhao Xiaohan	+86 16620220535	zhaoxiaohan@beijing2022.c n
Marketing Department	Marketing Partners	Hao Jianyu	+86 (010)66680816	haojianyu@beijing2022.cn
Media	Broadcasters	Liu Jia	+86 (010)66681955	liujia@beijing2022.cn
Operations Department	Press	Wang Rui	+86 (010)66681911	wangrui@beijing2022.cn

3)	BOD 4 – použijte r	másledující: Winter Olympic/ Paralympic Delegation residency * 4.Address in China (Please specify the street, community, building/house/apartment number, or the address of the hotel): 境内居住地址(请详细填写,具体到街道/社区及门牌号或宾馆地址):
		* 5.What countries (regions) have you visited during the past 14 days (Please specify the cities. For Chinese cities, please provide your detailed address.): 过去14日内至今,您旅居的国家和地区(请具体到城市,国内地址请具体到所在街道/乡镇):
		•
		*StartDate:
		开始时间:
		*EndDate:
		结束时间:
		* Countries and Regions:
		国家(地区): ▼
		* 6.Have you had direct contact with confirmed/suspected /symptomless cases of COVID-19 during the past 14 days: 过去14日内至今,曾接触新冠肺炎确诊病例/疑似病例/无症状感染者: Yes 是 No 否 * 7.Have you had direct contact with people having fever and/or symptoms of respiratory infection during the past 14 days: 过去14日内至今,曾接触有发热和/或呼吸道症状的患者:

* 8.Has your community reported any COVID-19 cases during the past 14 days: 过去14日内至今,所居住社区曾报告有新冠肺炎病例:	
○ Yes 是 ○ No 否	
* 9.Have there been two or more members in your office/family having fever and/or symptoms of respiratory infection during the past 14 days: 过去14日内至今,所在办公室/家庭等是否出现2人及以上有发热和/或呼吸道症状:	
○ Yes 是 ○ No 否	
* 10.Have you had the following symptoms during the past 14 days: 请选择过去14日内至今,是否有以下症状:	
○ Yes 是 ○ No 否	
lf yes, please tick your symptoms with "√": 如有,请勾选:	
Fever发热 Chills寒战 Fatigue乏力	
Cough咳嗽 Difficulty breathing 呼吸困难 Stuffy nose or running nose鼻塞流 涕	
Headache头痛 Sore throat咽痛 Chest pain胸痛	
Muscle pain or joint pain肌肉或关节痛 Nausea and vomiting恶心呕吐 Diarrhea腹泻	
Others其它不适症状	
* 11.Have you taken any medications for fever, cold or cough during the past 14 days: 过去14日内至今,是否曾服用退烧药、感冒药、止咳药:	
○ Yes 是 ○ No 否	
* 12 Have you tested for COVID 10 during the past 14 days:	
* 12.Have you tested for COVID-19 during the past 14 days: 过去14日内至今,您是否接受过新型冠状病毒检测:	
○ Yes 是 ○ No 否	
* If yes, is the result positive: 如果您曾接受过新型冠状病毒检测,检测结果是否为阳性:	
○ Yes 是 ○ No 否	
* 13.Have you been infected with COVID-19?: 您是否曾患过新冠肺炎? :	
○ Yes 是 ○ No 否	
* If yes, have you tested positve for COVID-19 after recovery?: 如是,治愈后是否出现过核酸检测结果阳性:	
○ Yes 是 ○ No 否	
* 14.Have you been injected with COVID-19 vaccine: 您是否接种过新型冠状病毒疫苗:	
○ Yes 是 ○ No 否	

III Select A Binding Method请选择绑定方式	
* Way of verification 验证方式:	
Mobile number in Mainland China 大陆地区手机号	● Email 邮箱
* email 邮箱:	
Send Email verification code 发送邮箱验证码	
* Email verification code 邮箱验证码:	
IV Fill In The Captcha请填写校验码	
* Captcha 校验码:	
· Please bind to your mobile n 请绑定手机或邮箱店	
HEADEL V DANHALIKA	H2A-TA
I hereby certify that all the above information is true and c legal responsibility in case of false declaration.	correct. I will take the
本人已阅知本申明卡所列事项,保证以上申明内容真实准确。如注律责任。	
Back 返回首页 So	ubmit 提交申报