

菲律賓入境單(Arrival Card)中文翻譯參考:

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF JUSTICE BUREAU OF IMMIGRATION		ARRIVAL CARD
Fill this card in English with blue or black pen and in CAPITAL letters.		
1	LAST NAME	
2	FIRST NAME	
3	MIDDLE NAME	
4	CONTACT NUMBER AND/OR E-MAIL ADDRESS	
5	PASSPORT / TRAVEL DOCUMENT NUMBER	9 FLIGHT / VOYAGE NUMBER
6	COUNTRY OF FIRST DEPARTURE	10. PURPOSE OF TRAVEL (check one only) <input type="checkbox"/> PLEASURE / VACATION <input type="checkbox"/> OVERSEAS FILIPINO WORKER <input type="checkbox"/> FRIENDS / RELATIVES <input type="checkbox"/> RETURNING RESIDENT <input type="checkbox"/> CONVENTION / CONFERENCE <input type="checkbox"/> WORK / EMPLOYMENT <input type="checkbox"/> EDUCATION / TRAINING <input type="checkbox"/> BUSINESS / PROFESSIONAL <input type="checkbox"/> OFFICIAL MISSION <input type="checkbox"/> RELIGION / PILGRIMAGE <input type="checkbox"/> HEALTH / MEDICAL <input type="checkbox"/> OTHERS _____
7	COUNTRY OF RESIDENCE	
8	OCCUPATION / WORK	
11	SIGNATURE OF PASSENGER	
		FOR OFFICIAL USE ONLY

1. LAST NAME 姓
2. FIRST NAME 名
3. MIDDLE NAME 中間名(無需填寫)
4. CONTACT NUMBER AND E-MAIL ADDRESS 台灣電話或 E-mail
5. PASSPORT/TRAVEL DOCUMENT NUMBER 護照號碼
6. COUNTRY OF FIRST DEPARTURE 離境國家
7. COUNTRY OF RESIDENCE 居住國家
8. OCCUPATION/WORK 職業
9. FLIGHT/VOYAGE NUMBER 班機號碼
10. PURPOSE OF TRAVEL(CHECK ONE ONLY) 旅遊目的(只能勾選一個)

PLEASURE/VACATION 觀光旅遊	FRIENDS/RELATIVES 拜訪親友
CONVENTION/CONFERENCE 參加會議	EDUCATION/TRAINING 求學
OFFICIAL MISSION 官方任務	HEALTH/MEDICAL 健康醫療
OVERSEAS FILIPINO WORKER 外籍勞工	RETURNING RESIDENT 歸國
WORK/EMPLOYMENT 工作	BUSINESS/PROFESSIONAL 貿易往來
RELIGION/PILGRIMAGE 宗教	OTHERS 其他
11. SIGNATURE OF PASSENGER 旅客簽名

健康申報表表格

Thank you and welcome to the Philippines!

* DOH-Hodme OPCEM (632) 711-1001
 (632) 807-2628 to 32
 * Research Institute for Tropical Medicine (632) 994-1887
 (632) 711-1001

For any health concerns, please consult the nearest health authority, DOH Hospital or to the Department of Health thru the following numbers:

Department of Health
Manila Philippines

HEALTH DECLARATION CARD

TO ALL TRAVELERS: This is a legal document. False declarations can lead to serious consequences. Your information is vital to allow health authorities contact you when needed.

- A separate Health Declaration Card must be completed for each passenger, including children.
- Please answer in English.
- Print in capital letters like this: **PHILIPPINES**
- Mark your answer like this "X" in the answer box or in the Yes or No box

PERSONAL DATA:

Passport Number

1 Passenger Crew

2 Name: Last Name First Name Middle Name

3 Sex: Male Female 4 Age

5 Nationality: 6 Occupation:

7 Flight #: 8 Seat #: 9 Arrival Date:

CONTACT DETAILS IN THE PHILIPPINES:

10 Address of Residence/Hotel:

11 Phone/Mobile Number in the Phil. (063)

12 E-mail/Social Network Account:

TRAVEL HISTORY:

13 Country(ies) worked, visited and transited in the past 30 days:

14 Please check if you have any of the following at present or during the past 30 days:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fever or feverish | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fatigue/body malaise | <input type="checkbox"/> Difficulty of breathing | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Unexpected bleeding (Gums, Nose, Stool, Urine) | <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> Yellowish Discoloration of the skin and the white of the eyes | | |

15 HISTORY OF EXPOSURE:

Yes No

- In the last 30 days, did you...
 - ... visit any health facility (Nursing homes, Clinics, Hospitals)?
 - ... visit any poultry farm, animal market or slaughter house?
 - ... visit or cared for a sick person?
- During the last 4-6 hours, did you take anti-fever medication?

DECLARATION:

The information I have given is true, correct and complete. I understand failure to answer any question may have serious consequences.

16

Signature of Passenger / Crew

請據實填寫本表格，若有隱匿或偽造之情形，將依菲律賓當地法律處罰之。

-每位乘客，無論大人或小孩皆需填寫此健康申報表格。

-請使用英文填寫。

-請皆使用英文大寫填寫。

-請於 YES/NO 方格內填“X”。

1. 乘客/機組人員 Passport number:護照號碼
2. 乘客姓名: Last Name-姓; First Name-名; Middle Name-中間名(如無則免填)
3. 乘客性別，男性 Male，女性 Female。
4. 乘客年齡。
5. 乘客國籍。
6. 乘客職業
7. 乘客搭乘之班機號碼。(請參考登機證)
8. 乘客搭乘之班機座位。(請參考登機證)
9. 抵達菲律賓日期(月/日/年)
10. 乘客在菲律賓停留之地址或也可填寫飯店地址。
11. 乘客連絡電話。
12. 乘客電子郵件。
13. 請填寫過去 30 天內曾出差,拜訪或轉機之國家。
14. 請勾選或填寫過去 30 天內是否有以下症狀:若無則不用勾選
Fever 發燒, Sore Throat 喉嚨痛 Vomiting 嘔吐
Headache 頭痛, Cough 咳嗽 Diarrhea 腹瀉
Fatigue/body malaise 疲勞 Difficulty of Breathing 呼吸困難 Abdominal Pain 急性腹痛
Unexpected bleeding(Gums,Nose,Stool,Urine)無預期出血(牙齦,鼻子,便尿) Not Applicable 以上皆無
Yellowish Discoloration of the skin and the white of the eyes 黃疸
15. 請回答以下問題:
 - 過去 30 天內，
您是否曾拜訪過任何醫療機構?(療養院、診所、醫院) YES(有), No(沒有)
您是否曾去過家禽農場,寵物市集或屠宰場? YES(有), No(沒有)
您是否曾經拜訪或照顧生病者? YES(有), No(沒有)
 - 您於過去 4-6 小時內是否有服用退燒藥? YES(有), No(沒有)
16. 請於此欄簽名。(中英文皆可)