**Annex 2**

**Self-health Monitoring Form**

Name Passport No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 21 days | Date | Body Temperature | Have you been in close contact with anyone who has been tested positive for nucleic acid? | Do you have any suspected symptoms of infection, such as fever, fatigue or respiratory discomfort? | Have you taken any medicine for fever or cold, etc.? |
| 1st day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 2nd day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 3rd day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 4th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 5th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 6th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 7th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 8th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 9th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 10th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 11th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 12th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 13th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 14th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 15th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 16th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 17th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 18th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 19th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 20th day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |
| 21st day |  |  | Yes□ No□ | Yes□ No□ | Yes□ No□ |

I hereby declare that the information provided above is true, accurate and complete, and I am aware of the legal consequences in the case of partial of false disclosures.

Signature Telephone number