

Declaration on 3- month Self-quarantine and Health Monitoring

I (Full name: _____ gender: _____ Passport number: _____) plan
to take flight _____ from San Francisco/Seattle to China on
(month/day/year). I have been quarantining in _____ (dormitory /
hotel / rental housing / own room / other residence) _____ (county),
(state), USA from _____ (month/day/year) to _____ (month/day/year)
for 3 months. During and after quarantine, I am in good physical condition and
have no symptoms such as cough, fever, limb fatigue, sore throat, nasal congestion,
runny nose or muscle aches etc.

I declare that the above statement is true, and if there is any inaccuracy, I am
willing to bear all legal responsibilities arising therefrom.

(Handwritten signature:)

Date: