附件2

新冠疫苗接种声明书之二 (IgM抗体阳性人员)

**Letter of Commitment on COVID-19 Vaccination**

声明人姓名Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，性别Gender：\_\_\_\_\_，出生日期Date of birth：\_\_\_\_\_\_\_\_\_年Year\_\_\_\_\_月Month\_\_\_\_\_日Date，护照号Passport No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_，

电话Telephone：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，电子邮件Email：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**声明内容Statement:**

本人已接种新冠疫苗，接种详情如下：

I have received COVID-19 vaccination and the details are as follows：

1. 疫苗品牌名称Vaccine brand name：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 接种机构名称Name of vaccination institution：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 疫苗接种剂次及接种日期（请选择并填写）Doses and date of vaccination (please select one and fill in the blanks)：

（1）第一剂次First dose

接种日期Date of vaccination：\_\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

（2）第二剂次Second dose

接种日期Date of vaccination：\_\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

本人所附疫苗接种凭证（接种卡或其它接种证明）真实无误，且在疫苗接种前抗体检测未曾呈现阳性。

I hereby declare that the attached vaccination certificate (vaccination card or other forms of certification) is true and accurate and that I have not got any positive result in antibody (serology) test for COVID-19 before my vaccination.

本人保证以上所有内容真实，并愿意承担由此引起的一切法律责任，包括但不限于因虚报、瞒报导致被限制去中国旅行或被追究法律责任等后果。

I hereby declare that the information provided above is true, and I shall bear all legal responsibilities arising therefrom, including but not limited to restricted travel to China, punishment by law, or other consequences in the case of partial or false disclosures.

声明人签名Signature：\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_年Year\_\_\_\_\_月Month\_\_\_\_\_日Date