附件3

**承诺书**

**Letter of Commitment**

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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,电邮Email：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**承诺内容Statement:**

1. 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：

第一剂接种日期

Date of vaccination for first dose：\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

第二剂接种日期

Date of vaccination for second dose：\_\_\_\_年Year\_\_\_月Month\_\_\_日Date

2.本人承诺在疫苗接种前未做过血清检测,近三个月内未确诊过新冠肺炎,无咳嗽、咽喉痛、发烧、四肢乏力等症状。

I hereby declare that I have not taken serologic tests prior to COVID-19 vaccination, that I have not had a positive COVID-19 test in the prior 3 month period, and that I have not experienced any symptoms commonly associated with COVID-19 ( cough, sore throat, fever, fatigue or muscle weakness ).

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.

承诺人签名Signature：\_\_\_\_\_\_\_\_\_\_\_\_

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