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公共卫生使用的查找旅客表**：**为了保护您的健康，当公共卫生官员怀疑航班上出现传染病时，需要您填写此表。如果您接触过传染病，您的信息将帮助公共卫生官员与您联系。完整准确填写此表极为重要。您的信息将按照有关法律保管， 仅用于公共卫生的目的。 感谢您协助我们保护您的健康。

每个家庭应由一名成人填写一份表格。用大写字母填写。用空格留空。

航班信息**: 1.** 航空公司名称 **2.** 航班号 **3.** 座位号 **4.** 到达日期**（**年**/**月**/**日**）**

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个人信息**:**

**5.** 姓

**6.** 名

**7.** 中间名首字母

**8.** 性别

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| 必要时可以找到您的电话号码。注明国家代码和城市代码。

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| **9.** 手机 |  | **10.** 办公 |
| **11.** 家 |  | **12.** 其他 |
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| **13.** 电子邮件地址 |  |  |
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| 永久地址**: 14.** 街道和门牌号（用空格将街道和门牌号分开） |  |  |  |  |  |  |  |  |  |  |  | **15.** 公寓号 |  |  |  |  |
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| **16.** 城市 |  |  |  |  |  |  |  |  |  |  |  |

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| **18.** 国家

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 | **19.** 邮政编码 |  |  |  |  |

临时地址：如果您是访客，只填写您将逗留的第一个地方。

**20.** 酒店名称**（**若有**） 21.** 街道和门牌号**（**用空格将街道和门牌号分开**） 22.** 公寓号

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**23.** 城市 **24.** 州、省

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**25.** 国家 **26.** 邮政编码

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今后**30**天期间可以找到您的人的紧急联系信息

**27.** 姓 **28.** 名 **29.** 城市

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**30.** 国家 **31.** 电子邮件

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**32.** 手机 **33.** 其他电话

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1. 偕行人 — 家庭：仅**18**岁以下者需填写年龄

姓 名 座位号 **18**岁以下

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1. 偕行人 — 非家庭成员：另填写团体名称**（**若有**）**

姓 名 团体**（**旅游、团队、公务、其他**）**

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