新加坡 SG 电子健康声明到达卡填写样本

填写网址: https://eservices.ica.gov.sg/sgarrivalcard/

预计完成时间:5-7分钟

选择外国访客通道

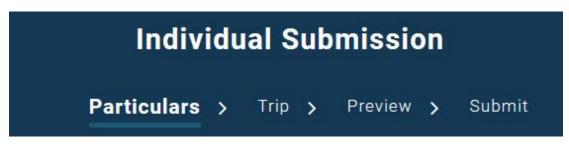


选择个人提交



总共四步

个人信息 -> 行程信息 -> 预览确定 -> 提交



全名 (与护照一致)			
Sex * <mark>性别</mark> Please Select Option		Date of Birth* 出生 dd/mm/yyyy	日期
Place of Residence * Please Select Option 居住地			
Country/Place of Birth * 出生国家/地区 Please Select Option		Nationality/Citizenship * Please Select Option	国籍/国籍
Passport Number* 护照号码		Date of Passport Expiry * dd/mm/yyyy	护照到期日
Email Address* 电子邮件地址			
Confirm Email Address * 确认电邮地址			
Country/Region Code * 国家/地区代码	Mobile Number * 手机号码		
Confirm Country/Region Code *	Confirm Mobile Number	*	
确认国家/地区代码	确认手机号码		
You may add up to 3(three) trips for you			
1/12 - 1111	在此提交中为自己添加	最多3次旅行。	
Date of Arrival to Singapore * 窓中以	ntohon in the		
Date of Arrival to Singapore * 窓可比析 到达新力 Declaration can only be done with 3 de Singapore. For example, if you are arriv only submit your declaration from 28 J	加坡的日期 数在形状制加坡艺術的 加度的等6月28日起提级 une 2020 onward	多天内进行。 例如 ,如 到报单。	1果您在2020年6月30日抵达,则
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Others 其他		
Have you ever used a passport under different name to enter Singapore?*	Please Select Option	*
您是否曾使用过不同名字的护照进入新加坡?		
Name different from current passport *		
名称与当前护照不同 Health Declaration		
健康宣言 Pade you travelled to Africa or South America in the 6 days prior to your arrival in Singapore?	Please Select Option	
* 您抵达新加坡之前的6天里曾去过非洲或南美吗?		
Please indicate all countries/regions that you have been in (including the country/region of	Please Select Option	~
embarkation) or travelled to, including transit and stopover, in the last 14 days prior to your		
arrival in Singapore. *		A (-) (T)
请指出您抵达新加坡前的最后14天曾到过的所有国家(地区)(包括登船的国家		金停留)
请指出您抵达新加坡前的最后14天曾到过的所有国家(地区)(包括登船的国现象)。 (包括登船的国现象) Do you have any of the following symptoms: fever, cough, runny nose, sore throat, loss of	家(地区))(包括过境和中途 Please Select Option	金停留)
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请指出您抵达新加坡前的最后14天曾到过的所有国家(地区)(包括登船的国家 Do you have any of the following symptoms: fever, cough, runny nose, sore throat, loss of sense of smell or shortness of breath? * 您是否有以下症状: 发烧, 咳嗽, 流鼻水, 嗓子疼, 嗅觉丧失或呼吸急促? Are you diagnosed or suspected to have COVID-19 infection in the past 21 days? * 您是否在过去21天内被诊断或怀疑患有COVID-19感染? Did you have contact with any case of COVID-19 in the last 14 days? * 在过去的14天内, 您是否接触过任何COVID-19案件? Do you have any critical medical conditions (e.g. cancer, heart diseases, stroke) or do you require help to carry out your daily activities (e.g. eating, bathing, dressing) or are you prone to falls? *	Please Select Option Please Select Option Please Select Option Please Select Option I曾加行程 预	*

最多可以填写 3 段行程,填写完成所点 Preview 进行预览,核实无误后提交。