**安徽医科大学HSK考点**

**考生健康信息承诺书**

（由考生填写完整并主动交于监考人员）

姓名: 性别:

护照号码:考点名称/考场号:**安徽医科大学**

所在院校:

本人考前14天内住址(2021年12月26日至2022年1月8日)

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(以下“√”选）

本人是否为新冠肺炎病例/疑似病例/巳知无症状感染者? **□**是**□**否

本人考前14天内:

是否出现发热(体温≧37.3"C))、乏力、干咳、咽痛、流涕、呼吸困难、腹泻

等病状?**☑**是**□**否

是否有高、中风险地区旅行居住史? 是否与新冠肺炎病例/疑似病例/已知无症状感染者有接触史?**□**是**□**否

家人及共同居住人员是否存在上述情况?**□**是**□**否

本人郑重承诺:我已阅读并了解“2022年1月8日HSK汉语水平考试疫情防控考生须知”及考点各项疫情防控要求和措施，以上所填写内容真实、准确。如有虚 假或不实承诺、隐瞒病史、隐瞒旅居史和接触史、自行服药隐瞒症状、瞒报漏 报健康情况、逃避防疫措施造成危机公共安全后果的，本人自愿承担相应法律责任。考试期间服从现场工作人员管理及疫情防控工作安排。

考生(填表人)确认签字: 承诺日期:2022年1月8日

A Candidate Health Commitment

 For HSK Testing Center at AHMU

(To be filled in and handed to the proctors)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                            Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         Testing center: 安徽医科大学

University where you are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing address 14 days before the exam(2021.12.26-2022.1.8):

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

Please tick yes or no:

1. Are you a COVID-19 case/suspected case/known asymptomatic infected person?

〇Yes 〇no

Within 14 days before the test:

1. Do you have a fever (body temperature ≥37.3℃), fatigue, dry cough, sore throat, runny nose, dyspnea, diarrhea and other symptoms?                                〇Yes 〇no
2. Do you have a history of traveling and living in high-risk or medium-risk areas?

 〇Yes 〇no

4. Do you have a history of contact with a COVID-19 case/suspected case/known asymptomatic infected person?                                                    〇Yes 〇no

5. Does any member of your family or cohabitants relate to any of the above situations?  〇Yes 〇no

I solemnly promise: I have read and understood the "Instructions for Candidates for the HSK Chinese Proficiency Test in January 2022" and the various epidemic prevention and control requirements and measures at the test center. The above information is true and accurate. If there are any false promises, concealment of medical history, concealment of residence and contact history, self-administration of medications, concealment of symptoms, concealment of health conditions, and evasion of epidemic prevention measures that cause public safety and public security consequences, I voluntarily assume corresponding legal responsibilities. During the examination, subject to on-site staff management and epidemic prevention and control work arrangements.

Confirmation and signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Commitment date: 2022.01.08​