

新冠疫苗接种声明书

Letter of Commitment on COVID-19 Vaccination

声明人姓名 Name: 姜薛伟, 性别 Gender: 女,
出生日期 Date of birth: 1993 年 Year 3 月 Month 13 日 Date,
护照号 Passport No.: EJ4954380,
电话 Telephone: +12542149350, 电邮 Email: xueweijiang0313@gmail.com

声明内容 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:

① 疫苗品牌名称 Vaccine brand name: 辉瑞

② 接种机构名称 Name of vaccination institution: University of Southern California

③ 接种机构地址(国家、省/州、市、街道、门牌号) Address of vaccination institution (country, province/state, city, street, building number) :
3701 Flower St, Los Angeles, CA 90007

④ 接种机构联系方式(电话、电子邮件) Contact information of vaccination institution (telephone, email): 213-740-9355

⑤ 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):

一剂次 One dose

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

二剂次 Two doses

第一剂接种日期

Date of vaccination for first dose: 2021年 Year 4 月 Month 6 日 Date

第二剂接种日期

Date of vaccination for second dose: 2021年 Year 4 月 Month 27 日 Date

2. 本人所附疫苗接种凭证(接种卡或其它接种证明)真实无误。

I hereby declare that the attached vaccination certificate (vaccination card or other forms of certification) is true and accurate.

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: _____

2021 年 Year 12 月 Month 16 日 Date