

Health Commitment

I am the participant of MEB Factory Visit. I have known and understood and will comply with participants' health requirements and the regulations of COVID-19 epidemic prevention and control. I promise the following events:

1. I am not in the centralized isolation observation period or home isolation observation period.
2. I have never been diagnosed novel coronavirus pneumonia confirmed or asymptomatic infection. Or I was diagnosed novel coronavirus pneumonia or asymptomatic infection, but were cured and discharged, and I am not in follow-up medical observation period.
3. I have no fever, cough and other respiratory symptoms now.
4. I and my family members (or co-residents) haven't gone to overseas or domestic high risk areas within 10 days; haven't gone to domestic medium risk areas or Indigenous case reporting area within 7 days before the activity; are not in the period of community health monitoring or health self-monitoring.
5. I truthfully answer the following epidemiological information to ensure that the content is true and accurate.
 - 1) I have never contact with novel coronavirus pneumonia confirmed cases / asymptomatic / suspected cases / close contacts within 7 days before the activity.
 - 2) I have never contact with patients with fever or respiratory symptoms within 7 days before the activity.
 - 3) Novel coronavirus pneumonia case has not been reported in my community within 7 days before the activity.
 - 4) Do not leave Shanghai for 7 days.
6. In case of cough, fever and other physical discomfort during the annual meeting, I consciously cooperate with the staff to carry out relevant epidemic prevention and control measures.
7. During the activity, I consciously abide by the relevant laws and regulations of the People's Republic of China and Shanghai Municipality on the prevention and control of infectious diseases. If I do not comply with the above commitments, I am willing to bear the corresponding legal responsibility.

I guarantee that the information stated above is true, accurate and complete. If there are false promise, concealment of medical history and contact history, deliberate suppression of symptoms, concealment of health status and evasion of epidemic prevention measures, I am willing to bear corresponding legal responsibilities.

Promisor (signature):

Date: