# The Fifth CIIE Health Information Filling Instructions

- I. Health information filling
- 1. Personal information filling
- 2. Enterprise information filling
- II. Health information appeal
- 3. Health information appeal

# I. Health information filling

The 5th CIIE will compare the health information of all participants and staff, namely, "nucleic acid test result, Shanghai health code *(suishenma)*, vaccination record and travel information", at backstage in a unified manner through sci-tech means. The right of way for the exhibition area and exhibition hall will be activated based on the comparison results.

# **1.**Personal information filling

1.1 Log on to the official APP or WeChat mini-program of the CIIE



WeChat mini-program and official APP of the CIIE



# 1.2 Within 48 hours before entering the exhibition hall for the first

time, truthfully fill in the health information through "health information collection"

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Health information collection Go Guidelines		Perio 2022 He	od of validity 2 2023 ealth information	2024	Rev heck the Det	viewing
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Fill in certificate My identification information						
Other service						
My Order Personal points e-CIIE	C Travel Service					
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Main e-CIIE Service V	/IFI Me	Main	e-CIIE	Service	WIFI	Me

1.3 If you are not bound to the Expo certificate, please bind it first.

1.3.1 Click "My identification" - "Certificate service" in "Me", as shown in the picture below



1.3.2 Complete personal information or scan the QR code to bind



# 1.3.3 Select "Complete personal information to bind"

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# 1.3.4 Identity authentication.



\* Overseas participants verification method:



### 1.4 Fulfill online self-health commitments faithfully (including strict

health management, etc.)

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#### Commitment for Individuals

#### I hereby commit that:

I. I will follow the 5th CIIE prevention and control requirements to conduct self-health monitoring for 10 days before my first entry. I will fill in the Health Monitoring Record Sheets truthfully and completely, sign the Personal Health Commitment Letters through the personnel health information collection system, and submit the Sheet to my organization for future reference.

II. Within 10 days before entering the exhibition hall, those who have traveled to or lived in a prefecture-level city where the epidemic area is located shall not attend the CIIE if unnecessary. I will not participate in the CIIE if any of the following situations occurs:

(I) With any of the following symptoms within 10 days prior to entering the exhibition hall, the risk of COVID-19 infection cannot be ruled out: fever, shivering, cough, expectoration, throat pain, sneezing, runny nose, nasal obstruction, headache, weakness, dizziness, nausea, muscle aches, joints soreness, shortness of breath, dyspnea, chest congestion, chest pain, vomiting, diarrhea, conjunctival congestion, abdominal pain, rash, jaundice, etc.

(II) Participants from overseas, who fail to complete the 10day quarantine (7 days of centralized quarantine + 3 days of community health status observation) as required before entering the hall.

(III) Within 10 days before entering the hall, the participants have traveled to or lived in domestic county (city, district, banner) with high, medium and low risk areas.

(IV) Within 10 days before entering the hall, the participants have traveled to or lived in domestic county (city, district or banner that has not yet designated epidemic risk areas or



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#### Commitment for Individuals

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requirements of the 5th CILE. During the exhibition, I will protect ourselves, wear N95/KN95 masks in a standard manner throughout the process, and consciously cooperate with body temperature measurement.

IV. If I have symptoms such as, cough, fever and other physical discomforts during the CIIE, or receive the epidemiological survey notice of being judged as close contacts of confirmed cases or close contacts, I shall promptly report and actively accept epidemiological investigations, and cooperate with relevant prevention and control measures.

V. I will complete the application and registration of Shanghai health code (Suishenma) at least 48 hours in advance before entering the exhibition hall. I shall truthfully fill in and report the travel information (travelling and living history within 10 days) in the personnel health information collection system (this system), fulfill their own health commitments (including past infection history, strict health management, and physical symptoms, etc.), and voluntarily provide nucleic acid test result, COVID-19 vaccination records (enhanced immunization records if available), etc.

VI. The relevant information I submitted is true, accurate, and complete. If there are false promises, concealment of medical history, concealment of travel and residence history and contact history, deliberate suppression of symptoms, concealment of health status, and evasion of prevention measures, I am willing to bear the corresponding legal responsibilities and consequences.



1.5 Fill in health information truthfully (including previous infection history, permanent residence, workplace, residence in Shanghai, etc.).

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← Health Commitment Le	etter	$\leftarrow$ Health Commitm	ent Letter
		vomiting diarrhea	
*Did you arrive in Shanghai from overs	seas?	conjunctival congestion	nausea
Yes No		stomachache some othe	er symptom
*Have you ever tested positive for COV nucleic acid or antigen?	/ID-19		
Yes No		before your first entry to the ha	d within 14 days III?
*Residence in Shanghai		Yes No	
City, District / County, Township / Town /Stre	et o	*Have you completed the enha	nced vaccination if
Address	I	you have been vaccinated aga months and are at least 18 yea	ars old?
*Emorgonou contact in Shanchai		Yes No	
Name		Lam willing to hear all the correspo	nding legal
*Permanent residence (usually the res within one month before entering the e Hall)	idence xhibition	responsibilities if I do any of the followi concealing my medical history, failing t traveled and stayed, failing to faithfully contacted, deliberately suppressing my	ng: failing to tell the truth, o report where I have report whom I have y symptoms, failing to
Province, City, District / County	•	report my health status and conditions 19 prevention and control measures.	, and avoiding the COVID-
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1.6 Accurately declare the living and traveling history (detailed the address as street, district, city, province, etc.) 10 days before entering the exhibition area of CIIE.

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Travel inf	ormation wi	thin 10 days		
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### 1.6.1 New function: travel information filling

Please fill in your travel history of the **10 days** before your **first entry** into the exhibition area. After submission, the travel information cannot be modified. If there are changes, please report your latest travel information daily after October 26.



1.7 Consciously upload the valid nucleic acid test certificate, vaccination record, etc.



1.8 Please check the health information verification results. You can make an online appeal for any error (excluding travel information)



## 2.Enterprise information filling

If the "individual" fails to fill in the form, the organizer / inviter / assigner / unit may collect information, log in CIIE comprehensive service platform (www.ciie. org), and fill information according to the system prompts through "Personnel Health Information Collection"

2.1 Visit the homepage of the official website of the CIIE, click on the "Health Information Collection" button to enter the certificates reporting page.



2.2 Select the corresponding certificates.

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You are here:	Home / Health Information C	ollection					
Reminder: The fo	lowing links are for companies/c	rganizations to submit information fo	r all staff members. Individuals car their own.	also use CIIE officia	I APP or WeChat Mini P	rogram to submit on	
Exhibitor							
Country	Exhibition	Exhibitor	People-to-pe Exchang	ople e			
Health Inform	nation Collection	Health Information Collection	Health Information C	ollection			
Visitor							
в	uver	Activities					
Health Inform	nation Collection	Health Information Collection					
Guest	Sp	ecial Guest	Media				

2.3 Take the Buyer Certificate for example. Log on to the system as a Buyer, click on the "Report Personal Health Information" button.



2.4 The will be a pop-warning for promising the credibility of the information for the first-time log-on. The unit must fulfill the health commitment after reading and it will not pop up next time.

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Name	Gender	Personnel	ID No.	Gonta	Commitments on Matters Relating to "Self-health Monitoring" and "Health Commitments"	ieration
44 4	Female	China	350****205	150***		port record view   Re-report   View the commitment
新服务三	Male	China	110****754	139***	V. All participants will complete their application and registration of Shanghai health code	sport record view     Re-report   [View the convnitment
書意来了四号	Male	China	340*****658	132***	(Suishenma) at least 48 hours in advance before entering the hall. The participants shall truthfully fill in and report the travel information (travelling and living history within 10 days) in the personnel health	port record view   [Re-report   [View the commitment]
爱好者四号	Male	Hong Kong	156****628	185***	information collection system (this system), fulfill their own health commitments (including past	port record view   [Re-report   View the commitment ]
A Yong	Mala	Permanent	188567	188***	infection history, strict health management, and physical symptoms, etc.), and voluntarily provide	porting Fill in the commitment
李思珊	Male	China	130****454	154***	nucleic acid test result, COVID-19 vaccination records (enhanced immunization records if available),	porting   [Fill in the commitment ]
	Male	China	110****355	154***	etc.	porting Fill in the commitment
李人文	Male	China	110****252	155***	VI. The relevant information of all participants is true, accurate, and complete. If there are false	port record view   Pie-report   Fill in the commitment
挥里南一代	Male	China	310****471	155***	promises, concealment of medical history, concealment of travel and residence history and contact	porting Fill in the commitment
巫妖王	Male	China	110****510	138***	history, deliberate suppression of symptoms, concealment of health status, and evasion of prevention	porting   Fill in the commitment
					measures, corresponding personnel and our organizations are willing to bear the corresponding legal	15 > To 1 Page Sure Total 146 items 10 item
					The company confirms the above commitments.	

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2.5 Click on the "Report Health Information" button to enter the information reporting page

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2.6 On the information reporting page, upload nucleic acid testing report, vaccination certificate. Type in the verification

code and tick the box for "I promise the information is real" and submit.

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8t Guarantee for the revi	Reporting				×	
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	The informant promises that the information reported above is true and effective Submit Close					

2.7 Check the reporting records: After submitting, you can view the records (click "View") and the details (click "Name	e")
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XXX	Male	Hong Kong	989****952	185*****865	-	To be com	Abnormal	Normal	Abnormal	Abnormal	Reporting Fill in the commitment
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2.8 Enterprise guarantee audit (the process is consistent with the mobile )

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☐ Personal Health Infor	≪ ☆ Guarantee for the revi ×	» `											
	Fill in the commitment	>											
	Basic Information												
	⑧ Name: 张美娜 彩 Gender: Male 园 ID No.: 456****789 ⑦ Personnel Type: Hong Kong, Macao, and Taiwan, China % Contact:												
	1 Reading of health commitment       2 Health information filling       3 Travel information filling												
	Personal Health Commitment Letters												
	I hereby commit that:												
	I. I will follow the 5th CIIE prevention and control requirements to conduct self-health monitoring for 10 days before my first entry. I will fill in the Health Monitoring Record Sheets truthfully and completely, sign the Personal Health Commitment Letters through the personnel health information collection system, and submit the Sheet to my organization for future reference.												
	II. Within 10 days before entering the exhibition hall, those who have traveled to or lived in a prefecture-level city where the epidemic area is located shall not attend the CIIE if unnecessary. I will not participate in the CIIE if any of the following situations occurs:												
	(1) With any of the following symptoms within 10 days prior to entering the exhibition hall, the risk of COVID-19 infection cannot be ruled out: fever, shivering, cough, expectoration, throat pain, sneezing, runny nose, nasal obstruction, headache, weakness, dizziness, nausea, muscle aches, joints soreness, shortness of breath, dyspnea, chest congestion, chest pain, vomiting, diarrhea, conjunctival congestion, abdominal pain, rash, jaundice, etc.												
	articipants from overseas, who fail to complete the 10-day quarantine (7 days of centralized quarantine + 3 days of community health status observation) as required before entering the hall.												
	(III) Within 10 days before entering the hall, the participants have traveled to or lived in domestic county (city, district, banner) with high, medium and low risk areas.												
	(IV) Within 10 days before entering the hall, the participants have traveled to or lived in domestic county (city, district or banner that has not yet designated epidemic risk areas or taken regional static management measures) with COVID-19 cases.												
	(V) Have contact with confirmed, suspected or asymptomatic COVID-19 cases; have contact with patients with fever or respiratory symptoms.												
	(VI) Judged as close contact, secondary contact or other people subject to screening and during the quarantine; COVID-19 cases and asymptomatic infected persons who are still under follow-up medical observation.												
	III. I will consciously abide by the relevant laws and regulations of the People's Republic of China and Shanghai on the prevention and control of infectious diseases, fully understand and comply with the prevention and control requirements of the 5th CIIE. During the exhibition, I will protect ourselves, wear N95/KN95 masks in a standard manner throughout the process, and consciously cooperate with body temperature measurement.												
	IV. If I have symptoms such as, cough, fever and other physical discomforts during the CIIE, or receive the epidemiological survey notice of being judged as close contacts of confirmed cases or close contacts, I shall promptly report and actively accept epidemiological investigations, and cooperate with relevant prevention and control measures.												
	V. I will complete the application and registration of Shanghai health code (Suishenma) at least 48 hours in advance before entering the exhibition hall. I shall truthfully fill in and report the travel information (travelling and living history within 10 day in the personnel health information collection system (this system), fulfill their own health commitments (including past infection history, strict health management, and physical symptoms, etc.), and voluntarily provide nucleic acid test result, COVI 19 vaccination records (enhanced immunization records if available), etc.	s) D-											
	VI. The relevant information I submitted is true, accurate, and complete. If there are false promises, concealment of medical history, concealment of travel and residence history and contact history, deliberate suppression of symptoms, concealment of health status, and evasion of prevention measures, I am willing to bear the corresponding legal responsibilities and consequences.	nt											

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습 Personal Health Infor	✓ <sup>∩</sup> <sup>−</sup>	• ~
Be Guarantee for the revi	Fill in the commitment	×
	I have read and comprehended all COVID-19 prevention and control regulations and measures for this session of the China International Import Expo and have measured my body temperature 10 days prior to my initial admission into the exhibition hall in accordance with the relevant standards. After carefully considering everything I have learned, I earnestly pledge to ensure the following: I. The body temperature reported on my body temperature record sheet is my actual body temperature taken within 10 days prior to my first entrance into the exhibition hall. II. During the duration of the 5th China International Import Expo, I will completely comprehend and adhere by the COVID-19 preventive and control standards and all safety requirements. III. When I participate in the forum, I will conduct my preventative and control activities in accordance with standardized procedures. I will arrive early to the exhibition area and actively participate in the measuring of my body temperature. V. I accept and truthfully answer the following questions of the epidemiological survey and ensure that all the contents I write here are true and accurate. If it is true, mark a tick (1) in the circle (O) before 'Yes', otherwise before 'No'.	
	1.Did you arrive in Shanghai from overseas?     Date of entry	
	○ Yes ○ No	
	2.Have you ever tested positive for COVID-19 nucleic acid or antigen? The latest positive result was tested at	
	Ves No	
	3.Residence in Shanghai	
	Please select a city Please select a district Please select the street Please select	
	Please effet the detailed address	
	4.Emergency contact in Shanghai	
	Name	
	5.Permanent residence (usually the residence within one month before entering the exhibition Hall)	
	Please select a city 💌Please select a district(c 💌	
	Please enter the detailed address	
	6. Did you have any contact with any COVID-19 patients/suspected COVID-19 patients/confirmed asymptomatic COVID-19 patients within 10 days before your first entry to the hall?	

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St Guarantee for the revi	Fill in the commitment		×
	Basic Information		
	③ Name: 张美娜 % Gender: Male 园 ID No.: 456****789 ③ Personnel Type: Hong Kong, Macao, and Talwan, China	9 <sub>00</sub> Contact:	
	Reading of health commitment     (2) Health information filling	Travel information filling	
	Travel information within 10 days		
	Travel information		
	Please select a province 👻Please select a city 💌Please select a district(o 👻		
	Please enter the detailed address		
	submit		

# II. Health information appeal

# 1.Health information appeal

1.1 Check the status of your personal health information



1.2 Nucleic acid test, COVID-19 vaccine and Shanghai health code (suishenma) appeal



1.2.1 Nucleic Acid Test Appeal: Please provide the negative result of nucleic acid test taken in Shanghai within 24 hours or other supporting materials.



1.2.2 Vaccination appeal: Upload relevant supporting documents such as COVID-19 vaccination certificate. The appeal process will be notified separately



Please enter the verification code





1.2.3 **Health code appeal:** For non-green Shanghai Health Code (suishenma), please call 021-12345 to lodge a complaint



### **1.3** Abnormal travel verification (no appeal)

1.3.1 If you have any of the following circumstances, it will lead to abnormal travel verification, and you cannot enter the exhibition area:

- Within 10 days before entering exhibition areas, the personnel has lived in or travelled to the counties (cities, districts and banners) where the domestic high, medium and low-risk areas of the pandemic are located;
- Within 10 days before entering exhibition areas, the personnel has lived in or travelled to the counties (cities, districts and banners) where other domestic pandemic areas (where risk areas have not been defined or regional static management measures have not been taken) are located.

1.3.2 If you have a history of living in the prprefecture-level cities where domestic pandemic risk areas are located within 10 days before entering exhibition area, it will lead to abnormal travel verification If it is necessary to attend the expo due to work, the following conditions shall be met simultaneously:

- The personnel should hold a health certificate issued by the pandemic prevention and control department of the prefecture-level city or above and come to Shanghai three days in advance;
- Upon arrival in Shanghai, the personnel should take nucleic acid tests daily. All test results should be negative, and there are no abnormal

symptoms.

• The case is approved by the organizer of the 5th CIIE.