

**Declaration of Consent for Minor Inbound Travellers
to Undergo Medical Observation**

Particulars of declarant:

Name: _____ Sex: _____

Date of birth: _____

Type of travel document: _____ Number: _____

Particulars of minor inbound traveller submitting to centralized medical observation:

Name: _____ Sex: _____

Date of birth: _____

Type of travel document: _____ Number: _____

The undersigned hereby declares that he/she is _____ (legal guardian or other lawfully recognized situation) of the above-named minor. The declarant gives consent to the above-named minor to undergo medical observation with a condition that:

- The minor travels to Macao with the declarant, and is accompanied by the declarant during the centralized medical observation period
- The minor aged 12-17 years, is self-dependent, can undergo medical observation on one's own
- The minor is accompanied by a relative who travels to Macao together.

Relationship with the minor: _____ (relative within second-degree)

Name: _____ Sex: _____ Date of birth: _____

_____ Type of travel document: _____ Number: _____

Signature _____ of Declarant: _____

Date: _____

Remarks

Signature: _____ Date: _____