



# GLOBAL PASSPORT EXPRESS

## China Tourist Visa Requirements

Please check off each item as you collect them and sign the bottom.

\_\_\_ **ORIGINAL U.S. PASSPORT** with 2 blank pages and 6 months remaining validity from date of travel. The Visa is affixed inside the Passport so the original Passport is required. The Passport **must** be signed by the person named in the Passport. If a minor, the minor can sign or a parent can print the minor's name and then "signed by" + your signature.

\_\_\_ **Three (3) copies of your application, [filled out online Click Here](#)**

**PLEASE REVIEW OUR SAMPLE APPLICATION ON OUR WEBSITE [OR CLICK HERE](#). Must be printed SINGLE-SIDED. Application must be signed and dated- YEAR/MONTH/DAY**

\_\_\_ **Two (2) passport photo. No glasses, must be able to see ears, Must be a recent photo. Not the picture in your passport.**

\_\_\_ **Three (3) copies of your driver's license or proof of residence including:**

- Major utility bill- Gas, electric, Water
- Mortgage statement or lease agreement

\_\_\_ **Three (3) copies of your hotel confirmation (Tourist Visa)**

\_\_\_ **Three (3) copies of your airline reservations. Must show round trip into China. If you are flying into Hong Kong or Macau, please include a letter how you plan to cross the border. (Ferry, train, car)**

\_\_\_ **Three (3) Health declaration form (See Below)**

\_\_\_ **Three (3) copies Where You stay form (See Below)**

### **Minors under 18**

\_\_\_ **Three (3) copies of minor's birth certificate**

\_\_\_ **Three (3) copies of BOTH parents valid ID. (Driver's license or State ID)**

Global Passport Express  
8000 IH 10 W Ste 600  
San Antonio, TX, 78230  
210-375-7525

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## Health Declaration Form

I (Full name: \_\_\_\_\_, Passport number: \_\_\_\_\_) hereby declare that I have had none of the following situations in the 14 days immediately preceding the date on this Health Declaration Form:

1. Being confirmed or suspected of COVID-19 infection by any medical institution;
2. Running a fever at or above 37.3°C or showing respiratory symptoms;
3. Coming into contact with confirmed or suspected COVID-19 cases;
4. Coming into contact with patients with a fever or respiratory symptoms;
5. Staying in a community or hotel reporting confirmed or suspected COVID-19 cases;
6. At least two persons in my office or family running a fever or showing respiratory symptoms;
7. Taking medicine for fever or cold;
8. Visiting public spaces like hospitals, theaters, restaurants and leisure facilities or taking part in group activities without taking protective measures like wearing a mask.

I declare the truthfulness and veracity of the statements above and the COVID-19 negative certificate I have provided. If any of the above-mentioned situations happens to me before leaving for China, I shall cancel the trip.

I acknowledge and accept the responsibilities under this Declaration pursuant to the relevant laws and regulations of the People's Republic of China should I conceal any health condition that might cause the spread of quarantinable infectious diseases or give rise to serious risks of such spread.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)

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To be completed by consular officers of the Chinese Embassy or Consulate:

The Chinese Embassy/Consulate has examined the COVID-19 negative certificate (No. \_\_\_\_\_, Issuance date: \_\_\_\_/\_\_\_\_/\_\_\_\_) provided by the declarant. Used for the sole purpose of pre-boarding screening by airlines, this health declaration form is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_.

Seal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(Day/Month/Year)

# Where You Stay Form

Dear visa applicant,

If you need to apply for a Chinese visa in our Embassy, you **MUST** be **IN** the US now. If currently you are **NOT IN** the US, your visa application will not be processed.

Please tick and fill in the place you are currently in.

Yes, I am currently in the US.

The State name is \_\_\_\_\_ .

No, I am currently not in the US.

I am in \_\_\_\_\_ (name of the Country/Region).

Please sign your name,

\_\_\_\_\_

Date,

\_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY