

## Pre-departure notice for passengers from Indonesia to China regarding designated PCR nucleic acid testing institution (Updated on December 2022)

Dear passengers:

In accordance with the latest requirements by the China Embassy in Indonesia on Further Optimizing and Adjusting the Methods of Applying for Health Codes for Persons Going to China (hereinafter referred to as the "Notice") issued by the China Embassy in Indonesia (hereinafter referred to as the "Embassy") on November 13, 2022, the relevant matters are hereby notified as follows:

### 1. Pre-departure nucleic acid testing arrangements

According to the embassy requirements, passengers need to conduct PCR nucleic acid test within 48 hours before departure then upload the test result as health code materials. Please check the embassy notice [http://id.china-embassy.gov.cn/chn/lsw/yqfk/202211/t20221113\\_10973568.htm](http://id.china-embassy.gov.cn/chn/lsw/yqfk/202211/t20221113_10973568.htm) In order to ensure international travel safety and cooperate with the embassy to control and prevent Covid 19, starting from December 8, 2022 Xiamen Airlines adjusted testing process as follows :

- Xiamen Airlines arrange test on 1 day before flight departure.  
Example : For **Thursday** flight, testing date is on **Wednesday** (1 day before departure)
- Recommendation testing agency : SOS MEDIKA Cipete
- Specific location : Jl. Puri Sakti no 10 Cipete, Jakarta 12410
- Test schedule and time : 1 day before departure, 07:00-09:30AM
- Test item : 1x PCR nucleic acid test
- Testing agency contact : Whatsapp +6281113308954 or [cipete.pro@sosmedika.id](mailto:cipete.pro@sosmedika.id)
- **Passenger should send** (passport photo + contact number + testing date ) to SOS MEDIKA Whatsapp (WA) +6281113308954 or to email [cipete.pro@sosmedika.id](mailto:cipete.pro@sosmedika.id) before test.
- **Passenger should bring "PROCEDURE CONSENT"** form (see attachment 1 on this file last page) and 2piece of passport photocopy to testing place
- **Test result will come out on the same day at 19:00** and will be sent to passenger email or scan this barcode to download PCR test results.



Any questions regarding PCR test reports please directly contact SOS MEDIKA.

- Our designated testing agency offer special prices **IDR 500.000** for Xiamen Airlines passengers. Please inform that you are a passenger of Xiamen Airlines during testing.
- Payment method available : Cash, Credit card or bank transfer to below account  
Bank name : BANK CENTRAL ASIA (BCA)  
Account name : PT ASTHA ERA ABADI  
Account No. : 218-5100-918  
Remarks : MF + Passenger name + Flight date (example = MF WANGMOMO 08DEC)

### 2. Precautions before traveling

- (1) Only passengers with dynamic green health code are allowed to board the plane. Health code relevant matter please refer to the China Embassy official notice

[http://id.china-embassy.gov.cn/chn/lsw/yqfk/202211/t20221113\\_10973568.htm](http://id.china-embassy.gov.cn/chn/lsw/yqfk/202211/t20221113_10973568.htm)

- (2) To ensure epidemic prevention safety, passengers need to wear N95 mask (with no respirator) during flight. Passengers also encouraged to wear medical gloves, masks (or goggles), hazmat suit protective clothing and other protective equipment. Please prepare in advance before boarding.
- (3) For everyone safety, Xiamen Airlines strongly recommends every passenger to perform self isolation management before departure and not going to crowded area to reduce infection risk. Please always follow health protocol, especially when boarding and while conduct testing. Xiamen Airlines will continue adjust the pre-departure process according to the situation of COVID-19 in Indonesia and domestic policies.
- (4) Quarantine upon arrival in China are arranged by local epidemic prevention department and the quarantine place cannot be selected in advance. The regulation is 5+3days (5days in city of arrival + 3days in final destination city). Every adult should be quarantined seperately and one adult can only bring one children under 12 years old. For passenger with special needs and other information regarding quarantine please directly ask the quarantine place staff upon arrival.

### **3. Other information**

- (1) Xiamen Airlines CS center +865922226666 (worldwide) 95557 (China Mainland)
- (2) Xiamen Airlines Jakarta Office +6221-5794-8316 or +6281-2901-3557  
Email [jkt@xiamenair.com](mailto:jkt@xiamenair.com)

Xiamen Airlines Jakarta Office  
15 November 2022

**PROCEDURE CONSENT 程序同意书**

<b>CONSENT FORM FOR : SARS COV-2 (COVID 19) PCR TEST 新型冠状病毒核酸检测同意书</b>
<b>SECTION A: PERSONAL DETAILS 个人信息</b>
Full name 拼音姓名 : ..... Gender 性别 : <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男    Date of Birth/出生日期 (日/月/年): ..... Nationality 国籍 : ..... ID/Passport Number 护照号 : ..... Phone number 电话: ..... Email 邮箱: .....
<b>SECTION B : FOR MINOR OR PERSON WITH SERIOUS ILLNESS ( LEGAL REPRESENTATIVE/GUARDIAN) 适用于未成年或严重疾病的人 (法定代表人/监护人)</b>
Name of Parent/Legal guardian/Representative 父母/法定代表人/监护人姓名: ..... Nationality 国籍 : ..... ID/Passport Number 护照号 : ..... Relationship to the person 与上述人的关系: ..... Phone number 电话: ..... Email 邮箱: .....
<b>SECTION C : PROCEDURE 程序</b>
List the procedure to be performed: SARS COV-2 (COVID 19) PCR Testing (nasopharyngeal and oropharyngeal swab) 列出要执行的测试程序: 新冠病毒核酸检测 (鼻咽与口咽)
<b>SECTION D : PERSON'S DECLARATION 个人声明</b>
1. I understand that knowing my COVID-19 PCR test result is important to my health. I understand that prior of the test, some data including personal details, medical history and clinical symptom will be recorded in the laboratory form. I hereby consent to the release of my result(s) and personal data to the relevant airline company or government/local authorities (including embassies and/or consulates), for purposes of assessing my fitness to fly or as required by health authorities and/or stipulated by local regulations. 本人了解, 知晓我的新冠病毒核酸检测结果对我的健康很重要。本人了解, 在检测前, 一些数据包括个人资料、病史和临床症状将被记录在实验室报告中。我在此同意将我的结果和个人数据发布给相关航空公司或政府/地方当局 (包括大使馆和/或领事馆), 以按照卫生当局的要求和/或当地法规规定评估我的乘机适合性。
2. I understand the nature and the risk of the recommended procedure, and I wish to proceed with recommended procedure(s). 我了解相关检测程序的性质和风险。我愿意接受建议的程序。
3. I understand and agree that this is a COVID-19 testing service only, and there will be no further medical consultation and/or advisory service rendered by SOS Medika or its personnel in relation to the outcome of the test result(s). 我理解并同意, 这只是一项新冠检测服务, SOS Medika 或其工作人员不会就检测结果提供进一步的医疗咨询和/或建议服务。
By signing this form, I consent to the procedure and disclosure of test results above. 在此签字, 表示我对上述程序及检测结果的披露知情同意。
Person/ Legal Representative/ Guardian signature 个人/法定代表人/监护人签名 : _____ <div style="text-align: right;">Date 日期 : _____</div>