

中東呼吸症候群冠狀病毒感染症自主健康管理通知書

姓名： 身分證號：

通知書開立日期： 聯絡電話：

聯絡地址：

(本通知單為法律文件，請正確填寫，並將上聯給防疫人員，下聯自行保留)

中東呼吸症候群冠狀病毒感染症自主健康管理通知書

因您 14 日內有中東呼吸症候群冠狀病毒疫情流行地區之旅遊或居住史，為監測中東呼吸症候群冠狀病毒之傳染，並保障您自己及親友的健康，請在 14 日內，確實做好自主健康管理措施：

- 一、 您可照常進行上班、上學等一般活動；生病期間請盡量於家中休養並避免外出，如需要外出應配戴外科口罩。您的家人可照常上學、上班。
- 二、 請維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。
- 三、 請落實呼吸道衛生及咳嗽禮節。有咳嗽等呼吸道症狀時應戴口罩，當口罩沾到口鼻分泌物時，應立即更換並內摺丟進垃圾桶。打噴嚏時，應用面紙或手帕遮住口鼻，若無面紙或手帕時，可用衣袖代替。如有呼吸道症狀，與他人交談時，請戴上外科口罩並儘可能保持 1 公尺以上距離。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手及澈底洗淨。
- 四、 請於自主健康管理的 14 日內，每日早/晚各量體溫一次、詳實記錄體溫及活動史(如下列表格)，並主動通報地方衛生局/所。
- 五、 倘您症狀加劇，請立即戴外科口罩，主動通報地方衛生局/所，由其協助就醫。
- 六、 就醫時，請將本通知單出示給醫師，並應主動告知醫師接觸史、旅遊史及居住史。
- 七、 如無確實遵守各項自主健康管理規定，將違反「傳染病防治法」第三十六條規定，依同法第七十條處新臺幣 3,000 至 15,000 元不等罰鍰，得連續處罰。

體溫及行程紀錄表

填表人：

離開流行地區最近日期： 年 月 日

出發地搭乘航班： 轉機日期： 年 月 日

轉機地點： 轉機地搭乘航班： _____

| | 日期 | 上午 | 下午 | 健康狀況 | 活動史紀錄 |
|----|----|-------|-------|------|-------|
| 1 | | ____度 | ____度 | | |
| 2 | | ____度 | ____度 | | |
| 3 | | ____度 | ____度 | | |
| 4 | | ____度 | ____度 | | |
| 5 | | ____度 | ____度 | | |
| 6 | | ____度 | ____度 | | |
| 7 | | ____度 | ____度 | | |
| 8 | | ____度 | ____度 | | |
| 9 | | ____度 | ____度 | | |
| 10 | | ____度 | ____度 | | |
| 11 | | ____度 | ____度 | | |
| 12 | | ____度 | ____度 | | |
| 13 | | ____度 | ____度 | | |
| 14 | | ____度 | ____度 | | |

開立機關：

聯絡電話：

Notice on the Self-Management of Health of Middle East Respiratory Syndrome Coronavirus Infections (MERS-CoV)

Name :

ID No. :

Date :

Tel :

Address :

(This notice is a legal document, please fill in correctly. The upper part is to give to the disease control official; the lower part is for you to keep.)



Notice on the Self-Management of Health of Middle East Respiratory Syndrome Coronavirus Infections (MERS-CoV)

Notice of Self-Management of Health of MERS (Persons returning Taiwan from epidemic areas) You have in the last 14 days travelled or lived in areas epidemic of MERS (Middle East Respiratory Syndrome). To monitor the infection of MERS, and to protect the health of yourself and your friends and relatives, please practice in the 14 days correctly measures for the self-management of health.

1. While sick, please rest at home as much as possible and refrain from going out. If going out is necessary, please wear surgical mask. Your family members may go to school or office as usual.
2. Please keep hands clean. Wash hands regularly. In principle, soap and clean water or alcoholic dry cleaner can be used to keep hands tidy. Do not touch eyes, nose or mouth directly with hands.
3. Please observe hygiene of respiratory tracts and coughing manners. Wear a mask if there are respiratory tract syndromes such as coughing. If mask is contaminated with discharges of mouth or nose, use a new one immediately and throw the contaminated one into the dust bin. When sneezing, cover mouth and nose with tissue or handkerchief. If tissue or handkerchief is not available on hand, sleeves can be used. If there are respiratory tract syndromes, when talking with others, wear surgical mask and keep a distance of more than one meter. When hands are contaminated with discharges of respiratory tracts, rub hands with soap and clean water and wash thoroughly.
4. In the 14 days of self-management, please measure body temperature once every morning and evening. Keep in detail body temperatures and activities (as per Attachment), and notify local health bureau/station on own accord.
5. If your conditions worsen, wear surgical mask immediately and inform on own initiative local health bureau/station to help arrange medical care.
6. When under medical care, present this notice to the doctor. Tell the doctor at own initiative the history of contact, travel, and living conditions.
7. If the regulations of self-management are not observed correctly, the persons concerned will be violating regulations of Article 36 of the Communicable Disease Control Act, and are liable by Article 70 of the same Act to a fine of NT\$3,000 to 15,000, successively.

Body Temperature and Activities Record

Name : _____

Last day departing epidemic area: Month_____Day_____Year_____

Flight No. at Departure : _____ Date of Transfer:Month_____Day_____Year_____

Place of Transfer : _____ Flight No. at Transfer : _____

| Day | Date | AM | PM | Health Condition | Activities |
|-----|------|---------|---------|------------------|------------|
| 1 | | ____ °C | ____ °C | | |
| 2 | | ____ °C | ____ °C | | |
| 3 | | ____ °C | ____ °C | | |
| 4 | | ____ °C | ____ °C | | |
| 5 | | ____ °C | ____ °C | | |
| 6 | | ____ °C | ____ °C | | |
| 7 | | ____ °C | ____ °C | | |
| 8 | | ____ °C | ____ °C | | |
| 9 | | ____ °C | ____ °C | | |
| 10 | | ____ °C | ____ °C | | |
| 11 | | ____ °C | ____ °C | | |
| 12 | | ____ °C | ____ °C | | |
| 13 | | ____ °C | ____ °C | | |
| 14 | | ____ °C | ____ °C | | |

Issued by (Institution) :

Tel :