○○○(縣市)政府麻疹(疑似/確診)個案住院/居家隔離通知書

**○○○** (County/City) Government Hospitalization/Home Isolation Notice for (Suspected/Confirmed) Measles Cases

108.05.31

先生/小姐/小朋友：

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

因您經評估為麻疹（□疑似/□確定）個案，為防範麻疹的傳播，保障您的親友及大眾的健康與安全，請於 年 月 日至 年 月 日之**可傳染期間**，遵守以下隔離規定：

As you are identified as a (□ suspected/□ confirmed) measles case, in order to prevent the spread of the disease and protect the health and safety of your friends, family and the public, please comply with the following isolation regulations during the **infectious period** from \_\_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) to \_\_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD):

□**住院隔離**

1.依指示於隔離病房接受治療，不得任意離開隔離病房。

2.禁止到公共場所或搭乘大眾運輸工具，並暫緩出境或出國。

**※違反住院隔離規定逕自外出或搭乘大眾運輸工具者，將依「傳染病防治法」37條、45條及同法第67條處新臺幣6萬至30萬元不等罰鍰。**

□ **Hospitalization isolation**

1. Follow the instructions to receive treatment in the isolation ward. Do not leave the isolation ward without permission.

2. Do not go to public places, use public transportation, and please postpone going abroad.

**※ Those who violate the hospitalization isolation regulations and leave the isolation ward or use public transportation will be fined from NT$60,000 to NT$300,000 in accordance with Article 37, 45 and 67 of the Communicable Disease Control Act.**

□**居家隔離**

1.留在家中（或衛生局指定範圍內），不外出，亦不得出境或出國。

2.如因身體不適需就醫或不得已的情況需外出，應主動與本通知書填發人聯繫，取得填發單位同意後安排就醫或提供必要的協助，並應全程配戴口罩及採取適當防護措施，且禁止到公共場所或搭乘大眾運輸工具。

□ **Home isolation**

1. Stay at home or within the area specified by the health authority. It is forbidden to leave the house and specified area, leave the country or go abroad.

2. Contact the issuer of this notice when experiencing symptoms and in need of medical treatment. After obtaining permission to leave the house, wear a mask and take proper precautions when visiting a hospital. Do not go to public places or use public transportation throughout the process.

3.因麻疹傳染力強，可經空氣、飛沫與接觸傳染，隔離期間應避免接觸孕婦、小於1歲嬰兒、尚未完成麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種之幼童、免疫不全病人，或其他不確定對麻疹具有免疫力者。

3. Measles is highly contagious and can be transmitted through air, droplets, and contact. Therefore, during the isolation period, please avoid contact with pregnant women, infants under 1 year old, children who have not completed the measles, mumps, and rubella vaccine (MMR), immunocompromised persons or people with uncertain immunity to measles.

4.共同生活者須與個案一同採取適當防護措施（如佩戴口罩與良好衛生習慣），不共用個人用品，不共用廁所、浴室、空調循環系統及共處於一封閉空間內。

4. People living together with the case should take protective measures (such as wearing masks and good hygiene practices.) Do not share personal daily necessities, toilets, bathrooms, air-conditioning circulation systems and do not stay in a closed space together.

**※違反居家隔離規定逕自外出或搭乘大眾運輸工具者，將依「傳染病防治法」第37條第1項第5款、43條、及同法第67條處新臺幣6萬至30萬元不等罰鍰。**

**※ Those who violate the home isolation regulations and leave the house or use public transportation will be fined from NT$60,000 to NT$300,000 in accordance with Article 37, 45 and 67 of the Communicable Disease Control Act.**

**※對本通知如有不服，應於本通知單送達之次日起30日內，依訴願法第58條第1項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。**

**※ If you disagree with this Notice, please prepare a petition and submit to the competent authority via the original administrative disciplinary body in accordance with the provisions of Paragraph 1 of Article 58 of the Administrative Appeal Act, within 30 days from the next day of the receipt of this notice.**

**(以下資訊由衛生單位填寫)**

**(The following information is filled in by the health authority)**

|  |  |
| --- | --- |
| 個案ID/護照號碼：  Case ID/Passport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 出疹天期：（西元） 年 月 日  Date of rash onset: \_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) |
| 電話：  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 地址：  Address: |
| 開始隔離日： 年 月 日；填發人簽章： ；聯絡電話：  The date of isolation started: \_\_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_  (signature)  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 取消隔離日： 年 月 日；取消者簽章：  The date of isolation cancelled: \_\_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_  (signature) | |
| 異動情形： ；異動者簽章：  Adjustments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuer: \_\_\_\_\_\_\_ | |

麻疹(疑似/確診)個案住院/居家隔離通知書簽收聯

Signing Receipt of Hospitalization/Home Isolation Notice for (Suspected/Confirmed) Measles Cases

(若個案為未成年人，則送請法定代理人簽收，並向法定代執行說明程序)

(If the case is a minor, the notice will be sent to the legal representative of the case, and the procedure will be explained to the legal representative.)

受文者簽收： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 身分證字號/護照號碼：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

執行人員簽章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

送達說明時間：（西元） 年 月 日 時 分

Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (signature)  
 ID No./Passport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enforcer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Date: \_\_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD)