

## **Notice on the Health Monitoring of Virus Hemorrhagic Fever (VHF)**

**(Contacts at High Risk)**

**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 Health Monitoring of Virus Hemorrhagic Fever (VHF)**

**(Contacts at High Risk)**

You have been in contact with person(s) either highly possible of being infected with VHF (Ebola Virus Disease, Marburg Hemorrhagic Fever, and Lassa Fever) or are confirmed cases. To prevent the infection of VHF, and at the same time, to protect the health of yourself and your friends and relatives, please in the next 21 days, correctly practice measures for the health monitoring.

1. The person under health monitoring should notify the public health authority about the travel history, contact history as well as his/her intended travel for 21 days after last known potential Ebola virus exposure. This individual should avoid travel abroad and social activities with large numbers of people, postpone any non-essential medical treatment, and remain reachable with the public health authority during the period of health monitoring.
2. Family members of the person under health monitoring can maintain normal life, such as going to school or office. There is no restriction of activities unless the person under health monitoring develops symptoms.
2. 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 and mouth directly with hands.
3. During the period of health monitoring, measure body temperatures once every morning and evening, and keep in detail body temperatures and activities (as per Attachment), and notify local health bureau/station on own accord.
4. If you have symptoms such as fever ( $\geq 38^{\circ}\text{C}$ ), diarrhea, vomiting, difficulty swallowing, muscle pain, maculopapular rash or hemorrhage, cough, sore throat, wear surgical mask immediately and inform on own initiative local health bureau/station to help arrange medical care. When under medical care, present this notice to the doctor. Tell the doctor at own initiative the history of contact, travel, and living conditions.
5. If you feel ill or have any questions, please contact the institution issued for further information and consultation.
6. If the regulations of health monitoring 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.

**Issued by (Institution) :** \_\_\_\_\_

**Tel :** \_\_\_\_\_



## Body Temperature and Activities Record

Name : \_\_\_\_\_

Date of last contact with case : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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		
15		____ °C	____ °C		
16		____ °C	____ °C		
17		____ °C	____ °C		
18		____ °C	____ °C		
19		____ °C	____ °C		
20		____ °C	____ °C		
21		____ °C	____ °C		

