

防範嚴重特殊傳染性肺炎 入境健康聲明暨居家檢疫通知書

COVID-19 Health Declaration and Home Quarantine Notice

姓名(本人或法定代理人親填) Name (Signed by the informed case or legal representative)	身分證/護照號碼 ID card No./ Passport No.	
國籍 Nationality <input type="checkbox"/> 中華民國 R.O.C. (Taiwan) <input type="checkbox"/> 中國大陸 China <input type="checkbox"/> 澳門 Macao <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他國籍 Other Nationality	性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 Other	航/船班 Flight No./ Vessel Name
1. 過去 14 天內是否有發燒、呼吸道症狀(咳嗽、呼吸急促等)或以下症狀(已服藥者亦須填「是」)? Have you had fever, respiratory symptoms(cough, shortness of breath, etc.) or following symptoms during the past 14 days? (for those who had taken medications, please answer "Yes") <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes: <input type="checkbox"/> 發燒 Fever <input type="checkbox"/> 咳嗽 Cough <input type="checkbox"/> 流鼻水/鼻塞 Runny/stuffy nose <input type="checkbox"/> 呼吸急促 Shortness of breath <input type="checkbox"/> 腹瀉 Diarrhea <input type="checkbox"/> 嗅、味覺異常 Loss of smell or taste <input type="checkbox"/> 全身倦怠 Malaise <input type="checkbox"/> 四肢無力 Limb weakness		
2. 過去 14 天內是否曾接觸疑似或確診武漢肺炎之病人? Have you contacted any suspected or confirmed COVID-19 case during the past 14 days? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
3. 請填列過去 14 天內曾去過的所有國家(含港澳地區)Please fill in all countries (including Hong Kong and Macao) you have been to during the past 14 days. (1) _____ (2) _____ (3) _____		
4. 來臺目的 Purpose of coming to Taiwan: <input type="checkbox"/> 商務 Business <input type="checkbox"/> 國人返臺 Nationals returning to Taiwan <input type="checkbox"/> 求學 Study <input type="checkbox"/> 觀光 Tourism <input type="checkbox"/> 探親 Visiting relatives <input type="checkbox"/> 其他 Others _____		
5. 是否持有登機/船前三天內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within three days before boarding? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		


依據臺灣法令規定，您為居家檢疫對象，請遵守以下規定：

- 一、抵臺後全程佩戴口罩，儘速返家且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅宿時，請主動出示本通知書收執聯。
- 二、留在家中不外出，亦不得出境或出國。
- 三、自主詳實記錄體溫及健康狀況及配合必要之關懷追蹤機制(包含持臺灣手機門號進行個人活動範圍之電子監督)。
- 四、所有入境旅客應進行居家檢疫，110 年 1 月 15 日起須以防疫旅宿或集中檢疫為原則，選擇自宅或親友住所居家檢疫者，以 1 人 1 戶為基準，須符合該戶內無非居家檢疫者；若全家人或同住者一起自海外入境，於同戶內仍須 1 人 1 室(單獨房間含衛浴)。
- 五、如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴口罩，主動與當地衛生局聯繫，或撥 1922，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。

※依傳染病防治法第 58 條規定，入境旅客應詳實填寫並配合居家檢疫措施。拒絕、規避妨礙或填寫不實者，處新臺幣 1 萬至 15 萬元罰鍰。違反居家檢疫規定者，處新臺幣 10 萬至 100 萬元罰鍰。

According to laws and regulations in Taiwan, you are required to take home quarantine and abide by the following requirements:

1. After arriving in Taiwan, you must wear a face mask all the time and return home as soon as possible. Do not take public transportation. Please present this notice voluntarily upon getting in a designated transport vehicle and checking in at the quarantine hotel.
 2. Stay at home; do not go outside or go abroad.
 3. Please record your body temperature and health status, and cooperate with caring and tracking measures (including using Taiwan's cell phone signals to implement electronic monitoring of your location).
 4. All inbound travelers must undergo home quarantine, and travelers should stay in a quarantine hotel or government quarantine facility starting from January 15, 2021. Those who choose to stay at home or other residence for quarantine must abide by the principle of one person per residence, which means that there shall be no other persons not subjected to home quarantine in the residence; if the whole family or people sharing the same residence enter Taiwan from overseas together, they must still comply with the one person per room requirement (a separate room with a bathroom) in the same residence.
 5. If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, contact with the local health authorities or call the toll-free hotline, 1922, to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital.
- ※ According to Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NTS\$ 10,000 to NTS\$150,000. Violators of home quarantine requirements will be fined ranging from NTS\$ 100,000 to NTS\$1,000,000.

檢疫起始日：__年__月__日(工作人員填)	Home quarantine starts on __/__/__(y/m/d) (To be filled out by Staff)
檢疫結束日：__年__月__日 24 時	Home quarantine ends on __/__/__(y/m/d)24:00 (To be filled out by Staff)
自有手機 Personal Cellular phone _____	(其他手機號碼 Other Cellular phone)
市話 Landline _____	
居家檢疫住所及地址 Home quarantine residence and address	
<input type="checkbox"/> 自宅或親友住所等 Home or other residence <input type="checkbox"/> 防疫旅宿 Quarantine hotel, 名稱 Name of hotel: _____	
____縣/市____鄉/鎮/市/區____街/路____段____巷____弄____號____樓之____室	
English address: _____	
預計自機場返家方式(如臨時變更方式，請至防疫車隊處登記)	
How to travel back home from the airport (If there is a change, please inform the information counter of designated transport vehicle)	
<input type="checkbox"/> 親友接送/自行駕車 Pick-up by relatives or friends/drive yourself	
<input type="checkbox"/> 防疫車隊 Designated transport vehicle <input type="checkbox"/> 自行安排專用小客車 Arrange your own private car	
填發單位 Competent authority	
衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)	
	
日期：__年__月__日(工作人員填)	Date: __/__/__(yyyy/mm/dd) (To be filled out by Staff)

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自有手機 Personal Cellular phone _____	(其他手機號碼 Other Cellular phone)
市話 Landline _____	
居家檢疫住所及地址 Home quarantine residence and address	
<input type="checkbox"/> 自宅或親友住所等 Home or other residence <input type="checkbox"/> 防疫旅宿 Quarantine hotel, 名稱 Name of hotel: _____ _____ 縣/市 _____ 鄉/鎮/市/區 _____ 街/路 _____ 段 _____ 巷 _____ 弄 _____ 號 _____ 樓之 _____ 室	
English address: _____	
預計自機場返家方式(如臨時變更方式，請至防疫車隊處登記)	
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衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)	
	
日期：___年___月___日(工作人員填)	Date : ___/___/___ (yyyy/mm/dd) (To be filled out by Staff)

體溫及健康狀況紀錄表

2021.01.12 二十二版

Records of Body Temperature and Health Status

姓名：

出生年月日：民國____年/____月/____日

Name:

Date of Birth: ____/____/____ (yyyy/mm/dd)

日期： 月/日 Date: m/d	發燒 (≥38°C) Fever (≥38°C)	咳嗽 Cough	流鼻水 鼻塞 Runny/ stuffy nose	腹瀉 Diarrhea	嗅/味覺 異常 Loss of smell or taste	全身 倦怠 Malaise	四肢 無力 Limb weakness	呼吸 困難 Breathing difficulties	當日就醫 Seek immediate medical attention
1 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
2 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
3 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
4 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
5 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
6 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
7 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
8 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
9 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
10 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
11 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
12 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
13 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected
14 /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes， 疑似 suspected

居家檢疫者應遵守事項

- 應儘量與家人分開居住，共同生活者須一同採取適當防護措施，包括佩戴口罩、良好衛生習慣，並應保持適當距離(1公尺以上)，不可共食。
- 應儘量避免非必要之訪客拜訪，若有訪客進入家中時，禁止從事近距離或群聚型之活動，如從事業務、近距離派對、遊戲、賭博或其他相類似之活動。
- 請維持手部衛生，使用肥皂或其他清潔用品勤洗手。
- 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 居家檢疫解除後，請繼續自主健康管理 7 天。如有出境需要，請您攜帶本通知單，以免因系統註記時間誤差，延誤您出境時間。
- 其他居家檢疫相關規範，請遵循衛生福利部公告之「居家隔離及居家檢疫對象應遵守及注意事項」。

Rules for person in home quarantine

- You should live separately from your family. People who live with you must take appropriate protective measures, including wearing medical masks, keeping good hygiene habits, and maintaining an appropriate distance of at least one meter. Do not dine together.
- Avoid nonessential visits to your home as much as possible. If a visitor enters your home, do not engage in close proximity or group activities, such as parties, group games, gambling or other similar activities.
- Please keep hand hygiene and wash your hands frequently with soap or other cleaning supplies.
- For mental health services, please call the 24-hour toll-free hotline, 1925.
- After your home quarantine period ends, please practice self-health management for 7 days. If you need to go abroad, please bring the notice with you to facilitate departure process.
- For other home quarantine related regulations, please follow the notes for people in home isolation and home quarantine issued by the MOHW.