

國籍航空公司機組員入境聲明暨「加強版」自主健康管理通知書(14天)

(未入境第三級流行地區且未完整接種疫苗之機組員適用)

**COVID-19 Health Declaration and Enhanced Self-Health Management Notice for crew members of Taiwanese airlines
(Applicable to crew members who have not entered the tertiary epidemic area and have not been fully vaccinated)**

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"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat <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 COVID-19 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.COVID-19 疫苗接種情形? Have you been vaccinated against COVID-19? <input type="checkbox"/> 未符合「完整接種疫苗滿兩週且抗體檢測陽性」 I'm not "Fully Vaccinated(2 weeks after the 2nd dose in a two-dose series) and tested positive for antibodies".		

為降低可能傳播風險，並保障您自己、親友及周遭人士的健康，請您落實以下加強版自主健康管理措施：

- 一、每日早/晚各量體溫一次、詳實記錄體溫、健康狀況及活動史，並配合所屬航空公司關懷追蹤機制。
- 二、禁止與他人從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似之活動。
- 三、避免非必要之外出及接觸不特定人士；外出強制佩戴口罩，禁搭大眾運輸工具；禁止出入「人數眾多不易維持社交距離且會近距離接觸不特定人」之場所，包含：喜宴、酒吧、夜店、百貨商場、夜市等。
- 四、詳實記載每日個人行程及接觸人士，並落實實名制。
- 五、每 7 天應執行一次病毒核酸檢測(得採深喉唾液)；倘最後一次派飛達 14 天且未再派飛者，得免定期檢測。
- 六、如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴醫用口罩，立即通報所屬航空公司，並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。此外，主動通報所屬航空公司，暫停派飛。
- 七、如您就醫後，經醫院安排採檢，自採檢醫院返家後，於接獲通知檢驗結果前，應留在家中，不可外出，如檢驗結果陽性，衛生局將會通知您及安排就醫。另於獲知檢驗結果為陰性後，仍需完成加強版自主健康管理滿 14 天，期間如果症狀加劇，請確實佩戴好醫用口罩，並應主動通報所屬航空公司及與衛生單位聯繫(或撥 1922)，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。
- 八、其他自主健康管理相關規範，請遵循衛生福利部 110 年 3 月 1 日衛授疾字第 1100200031 號公告「自主健康管理對象應遵守及注意事項」(<https://reurl.cc/WEnpWZ>)所列應遵守事項。
- 九、如未確實遵守各項加強版自主健康管理規定，係違反傳染病防治法第 58 條第 1 項第 4 款規定，可裁處新臺幣 10 萬元以上 100 萬元以下罰鍰。
- 十、如不服本處分者，得自本處分送達翌日起 30 日內，繕具訴願書逕送原處分機關，並由原處分機關函轉訴願管轄機關提起訴願。

To reduce the risk of disease transmission and protect your family and friends, please abide by the following enhanced self-health management regulations:

1. Please record your temperature, health status, and daily activities twice a day (morning and evening) correctly. Please cooperate with caring and tracking measures issued by your airline company.
2. Do not engage in close proximity or group activities, such as dining together, parties, public gatherings or other similar activities.
3. Avoid unnecessary outdoor activities and contact with random people. Wearing a face mask is mandatory if you go outside. Do not take public transportation. Do not visit crowded places where social distancing is difficult to maintain and close contact with random people is highly likely, such as weddings, bars, nightclubs, department stores, night markets, etc.
4. Record your daily activities and the names of people you come into contact with every day.
5. Viral nucleic acid testing (saliva allowed) should be performed every 7 days; if the last flight has reached 14 days and you have not been on duty again, regular testing will be exempted.
6. If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, report to your airline company immediately and 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. Moreover, you must immediately report to your airline company and temporarily discontinue your flight duties.
7. After you seek medical care, are tested for COVID-19 in the hospital, and return home, please stay at home and do not go outside before you receive your test results. If your test results come back positive, the local health authority will inform you and help you seek medical attention. You are still required to conduct the Enhanced Self-Health Management for Crew Members for 14 days even if your test results come back negative. If your symptoms become worse, please make sure to wear a medical mask, report to your airline company actively and contact local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention. Please do not use public transportation to go to the hospital.
8. For other self-health management related regulations, please follow the Ministry of Health and Welfare Announcement of the "Self-Health Management Compliance Items and Notice" (<https://reurl.cc/WEnpWZ>) Wei-Shou-Ji No. 1100200031 March 1, 2021.
9. Those who flout the enhanced self-health management regulations will violate Subparagraph 4, Paragraph 1, Article 58 of the Communicable Disease Control Act, and be fined ranging from NT\$100,000 to NT\$1,000,000.
10. If you disagree with this notice of administrative disposition, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative disposition was made within 30 days from the next day of the receipt of the administrative disposition, and the agency rendering this disposition shall transfer the appeal to the agency with jurisdiction of the administrative appeal.

自主健康管理起始日 : _____ 年 _____ 月 _____ 日(工作人員填)	Self-health management starts on _____ / _____ / _____ (yyyy/mm/dd)
自主健康管理結束日 : _____ 年 _____ 月 _____ 日 24 時	Self-health management ends on _____ / _____ / _____ (yyyy/mm/dd)
自有手機 Personal Cellular phone	市話 Landline _____
在臺聯絡地址 Address in Taiwan 縣/市 _____ 鄉/鎮/市/區 _____ 村/里 _____ 鄰 _____ 街/路 _____ 段 _____ 巷 _____ 弄 _____ 號 _____ 樓之 _____ 室 (Room) _____, _____ (Floor), (Number) _____, (Alley) _____, (Lane) _____, (Section) _____, (Street/Road), _____ (Township/City/District), _____ (County/City)	
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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自主健康管理起始日：_____年_____月_____日(工作人員填)	Self-health management starts on _____/_____/_____(yyyy/mm/dd)
自主健康管理結束日：_____年_____月_____日 24 時	Self-health management ends on _____/_____/_____(yyyy/mm/dd)
自有手機 Personal Cellular phone	市話 Landline
在臺聯絡地址 Address in Taiwan _____縣/市 _____鄉/鎮/市/區 _____村/里 _____鄰 _____街/路 _____段 _____巷 _____弄 _____號 _____樓之 _____室 (Room) _____, _____ (Floor), (Number) _____, (Alley) _____, (Lane) _____, (Section) _____, (Street/Road). _____ (Township/City/District). _____ (County/City)	
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)	單位章戳 Stamp
日期：_____年_____月_____日(工作人員填)	Date : _____/_____/_____(yyyy/mm/dd) (To be filled out by Staff)