

# 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(春節檢疫專案)

## COVID-19 Health Declaration and Home Quarantine Notice(Lunar New Year Quarantine Program)

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 <input type="checkbox"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat		
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. 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/船前二日內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within two days before boarding? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
6. 是否持有 COVID-19 疫苗完整接種證明且滿 14 天? Do you have proof of being fully vaccinated against COVID-19 14 days ago? <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：

- 入境旅客應入住防疫旅館或集中檢疫所，抵臺後請全程佩戴口罩，儘速前往預先安排之檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅館時，請主動出示本通知書收執聯。
- 因應春節調整之居家檢疫措施，自 110 年 12 月 14 日至 111 年 2 月 14 日期間入境，檢疫後 4 天或 7 天於自宅或親友住所居家檢疫者，以 1 人 1 戶為原則。旅客選擇後 7 天於自宅或親友住所檢疫者，需完成完整劑次之疫苗且滿 14 天，疫苗廠牌須為世界衛生組織緊急使用清單或我國核准緊急授權使用或專案製造，疫苗廠牌詳見疾病管制署網站之春節檢疫措施專案頁面。
- 同戶內同住家人(非居家檢疫者)均已完成完整劑次疫苗接種且滿 14 天，居家檢疫者得採 1 人 1 室與非居家檢疫者區隔。
- 留在檢疫地點中不外出，亦不得出境或出國。
- 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，該等個人資料沿用至自主健康管理期滿，並於結束後 28 天銷毀)。
- 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及自主健康管理措施。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 Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NT\$ 10,000 to NT\$150,000. Violators of home quarantine requirements will be fined ranging from NT\$ 100,000 to NT\$1,000,000.

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

- Inbound passengers should stay at quarantine hotels or the group quarantine facilities after entry, after arriving in Taiwan, please wear a face mask all the time and go to pre-arranged quarantine location 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.
- In response to the revised quarantine measures during the Lunar New Year, people who arrive in Taiwan between December 14, 2021 and February 14, 2022, and choose to quarantine at home or a residence of family or friends during the last 4 or 7 days of quarantine should follow the principle of one person per residence. People who choose to quarantine at home or a residence of family or friends during the last 7 days of quarantine should be fully vaccinated and got their second shot 14 days ago. Accepted vaccines must be those approved under the WHO Emergency Use Listing or for emergency use or manufacture by Taiwan. For the list of accepted vaccines, please refer to the Lunar New Year Quarantine Program page on the website of Taiwan CDC.
- If family members (not undergoing quarantine) living with an individual subjected to quarantine have been fully vaccinated for 14 days, the individual and his or her vaccinated family members can be divided into one person per room within the same household.
- Stay at quarantine location; do not go outside or go abroad.
- 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; such personal data will continue to be used until the expiration of self-health management period and will be destroyed 28 days after the end of that period).
- 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.

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

防疫旅館 Quarantine hotel, 名稱 Name of hotel: \_\_\_\_\_

\_\_\_\_縣/市\_\_\_\_鄉/鎮/市/區\_\_\_\_街/路\_\_\_\_段\_\_\_\_巷\_\_\_\_弄\_\_\_\_號\_\_\_\_樓之\_\_\_\_室

Address: (Room) \_\_\_\_\_, \_\_\_\_\_ (Floor), \_\_\_\_\_ (Number) \_\_\_\_\_, \_\_\_\_\_ (Alley) \_\_\_\_\_, \_\_\_\_\_ (Lane) \_\_\_\_\_, \_\_\_\_\_ (Section) \_\_\_\_\_, \_\_\_\_\_ (Street/Road), \_\_\_\_\_ (Township/City/District), \_\_\_\_\_ (County/City)

預計自機場前往檢疫地點方式 How to travel from airport to quarantine location

防疫車輛 Designated transport vehicle

自行安排防疫專車(專案許可) Arrange your quarantine vehicle(Eligible for approved programs)

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)

春節專案 Lunar New Year Quarantine Programs

A 方案(program A)  14 天防疫旅宿(14 days in quarantine hotel)

B 方案(program B)  10 天防疫旅宿+4 天自宅或親友住所

(10 days in a quarantine hotel + 4 days at home or a residence of family or friends)

C 方案(program C)  7 天防疫旅宿+7 天自宅或親友住所

(7 days in a quarantine hotel+7 days at home or a residence of family or friends)

7 天自費集中檢疫+7 天自宅或親友住所

(7 days in a government quarantine facility +7 days at home or a residence of family or friends)

(春節專案)居家檢疫(自宅或親友住所)

(Lunar New Year Quarantine Program) Quarantine residence and address (at home or a residence of family or friends)

起訖日(\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_年\_\_\_\_月\_\_\_\_日 24 時)(工作人員填)

Starts on \_\_\_\_/\_\_\_\_/\_\_\_\_(y/m/d), ends on \_\_\_\_/\_\_\_\_/\_\_\_\_(y/m/d) 24:00(To be filled out by Staff)

\_\_\_\_縣/市\_\_\_\_鄉/鎮/市/區\_\_\_\_街/路\_\_\_\_段\_\_\_\_巷\_\_\_\_弄\_\_\_\_號\_\_\_\_樓之\_\_\_\_室

Address: (Room)\_\_\_\_, (Floor)\_\_\_\_, (Number)\_\_\_\_, (Alley)\_\_\_\_, (Lane)\_\_\_\_, (Section)\_\_\_\_,

(Street/Road)\_\_\_\_(Township/City/District)\_\_\_\_(County/City)

備註：除起日達上述日期，仍須符合各方案所有條件始可返回自宅或親友住所檢疫：

方案 B：(1)自宅或親友住所符合 1 人 1 戶/1 人 1 室規定、(2)核酸檢驗陰性結果。

方案 C：(1)入住防疫旅宿/集中檢疫所滿 168 小時、(2)自宅或親友住所符合 1 人 1 戶/1 人 1 室規定、(3)核酸檢驗陰性結果。

Note: All the requirements of the quarantine program you choose must be met before you can return home for home quarantine starting the above start date.

Program B: (1)Your quarantine residence (home or a residence of family or friends) meets the requirement of one person per residence or one person per room. (2)A negative COVID-19 RT-PCR test result.

Program C: (1)Stay in a quarantine hotel or government quarantine facility for 168 hours. (2)Your quarantine residence (home or a residence of family or friends) meets the requirement of one person per residence or one person per room. (3)A negative COVID-19 RT-PCR test result.

本欄位不適用 Not Applicable

符合居家檢疫(自宅或親友住所)條件 Requirements for undergoing quarantine at home/a residence of family or friends during the Lunar New Year

1 人 1 戶 One person per residence

1 人 1 室(同住者已疫苗完整接種滿 14 天)

One person per room (Family members sharing the residence have been fully vaccinated for 14 days.)

都不符合 Not Applicable

居家檢疫者疫苗接種史 Your vaccination history (subjected to quarantine)

未施打、不清楚疫苗接種史 I am unvaccinated or I don't know

第一劑次 First shot

接種日期 Date of vaccination: \_\_\_\_年\_\_\_\_月\_\_\_\_日 \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

疫苗廠牌 Vaccine brand:

第二劑次 Second shot

接種日期 Date of vaccination: \_\_\_\_年\_\_\_\_月\_\_\_\_日 \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

疫苗廠牌 Vaccine brand:

未滿 12 歲不符合疫苗接種對象 I am under 12 and not eligible for COVID-19 vaccination

同住家人資訊 Information of family members in the same household

姓名 Name	身分證或居留證證號 ID card /resident certificate number	自有手機 Personal cellular phone	完整疫苗接種 Fully vaccinated
1. _____	_____	_____	是 Yes/否 No
2. _____	_____	_____	是 Yes/否 No
3. _____	_____	_____	是 Yes/否 No
4. _____	_____	_____	是 Yes/否 No
5. _____	_____	_____	是 Yes/否 No
6. _____	_____	_____	是 Yes/否 No
7. _____	_____	_____	是 Yes/否 No
8. _____	_____	_____	是 Yes/否 No
9. _____	_____	_____	是 Yes/否 No
10. _____	_____	_____	是 Yes/否 No

備註：同住家人未滿 20 歲請填法定代理人手機。 Note: Fill in the statutory agent's cellular phone number if a family member is under 20 years of age.

本欄位不適用 Not Applicable

# 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(春節檢疫專案)

## COVID-19 Health Declaration and Home Quarantine Notice(Lunar New Year Quarantine Program)

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 <input type="checkbox"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat	
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. 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/船前二日內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within two days before boarding? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
6. 是否持有 COVID-19 疫苗完整接種證明且滿 14 天? Do you have proof of being fully vaccinated against COVID-19 14 days ago? <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、入境旅客應入住防疫旅館或集中檢疫所，抵臺後請全程佩戴口罩，儘速前往預先安排之檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅館時，請主動出示本通知書收執聯。
- 二、因應春節調整之居家檢疫措施，自 110 年 12 月 14 日至 111 年 2 月 14 日期間入境，檢疫後 4 天或 7 天於自宅或親友住所居家檢疫者，以 1 人 1 戶為原則。旅客選擇後 7 天於自宅或親友住所檢疫者，需完成完整劑次之疫苗且滿 14 天，疫苗廠牌須為世界衛生組織緊急使用清單或我國核准緊急授權使用或專案製造，疫苗廠牌詳見疾病管制署網站之春節檢疫措施專案頁面。
- 三、同戶內同住家人(非居家檢疫者)均已完成完整劑次疫苗接種且滿 14 天，居家檢疫者得採 1 人 1 室與非居家檢疫者區隔。
- 四、留在檢疫地點中不外出，亦不得出境或出國。
- 五、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，該等個人資料沿用至自主健康管理期滿，並於結束後 28 天銷毀)。
- 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及自主健康管理措施。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 Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NT\$ 10,000 to NT\$150,000. Violators of home quarantine requirements will be fined ranging from NT\$ 100,000 to NT\$1,000,000.

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

1. Inbound passengers should stay at quarantine hotels or the group quarantine facilities after entry, after arriving in Taiwan, please wear a face mask all the time and go to pre-arranged quarantine location 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. In response to the revised quarantine measures during the Lunar New Year, people who arrive in Taiwan between December 14, 2021 and February 14, 2022, and choose to quarantine at home or a residence of family or friends during the last 4 or 7 days of quarantine should follow the principle of one person per residence. People who choose to quarantine at home or a residence of family or friends during the last 7 days of quarantine should be fully vaccinated and got their second shot 14 days ago. Accepted vaccines must be those approved under the WHO Emergency Use Listing or for emergency use or manufacture by Taiwan. For the list of accepted vaccines, please refer to the Lunar New Year Quarantine Program page on the website of Taiwan CDC.
3. If family members (not undergoing quarantine) living with an individual subjected to quarantine have been fully vaccinated for 14 days, the individual and his or her vaccinated family members can be divided into one person per room within the same household.
4. Stay at quarantine location; do not go outside or go abroad.
5. 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; such personal data will continue to be used until the expiration of self-health management period and will be destroyed 28 days after the end of that period).
6. 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.

第二聯 收執聯 / 備註：第一聯 機關存查聯(白色)，第二聯 收執聯(黃色)

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"/> 防疫旅館 Quarantine hotel, 名稱 Name of hotel: _____
____縣/市____鄉/鎮/市/區____街/路____段____巷____弄____號____樓之____室
Address: (Room) _____, _____ (Floor), _____ (Number) _____, _____ (Alley) _____, _____ (Lane) _____, _____ (Section) _____, _____ (Street/Road), _____ (Township/City/District), _____ (County/City)
預計自機場前往檢疫地點方式 How to travel from airport to quarantine location
<input type="checkbox"/> 防疫車輛 Designated transport vehicle
<input type="checkbox"/> 自行安排防疫專車(專案許可) Arrange your quarantine vehicle(Eligible for approved programs)
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)
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 8px;">單位章戳 Stamp</span> </div>
日期：____年____月____日(工作人員填)   Date: ____/____/____ (yyyy/mm/dd) (To be filled out by Staff)

春節專案 Lunar New Year Quarantine Programs

A 方案(program A)  14 天防疫旅宿(14 days in quarantine hotel)

B 方案(program B)  10 天防疫旅宿+4 天自宅或親友住所

(10 days in a quarantine hotel + 4 days at home or a residence of family or friends)

C 方案(program C)  7 天防疫旅宿+7 天自宅或親友住所

(7 days in a quarantine hotel+7 days at home or a residence of family or friends)

7 天自費集中檢疫+7 天自宅或親友住所

(7 days in a government quarantine facility +7 days at home or a residence of family or friends)

(春節專案)居家檢疫(自宅或親友住所)

(Lunar New Year Quarantine Program) Quarantine residence and address (at home or a residence of family or friends)

起訖日(\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_年\_\_\_\_月\_\_\_\_日 24 時)(工作人員填)

Starts on \_\_\_\_/\_\_\_\_/\_\_\_\_(y/m/d), ends on \_\_\_\_/\_\_\_\_/\_\_\_\_(y/m/d) 24:00(To be filled out by Staff)

\_\_\_\_縣/市\_\_\_\_鄉/鎮/市/區\_\_\_\_街/路\_\_\_\_段\_\_\_\_巷\_\_\_\_弄\_\_\_\_號\_\_\_\_樓之\_\_\_\_室

Address: (Room)\_\_\_\_, (Floor)\_\_\_\_, (Number)\_\_\_\_, (Alley)\_\_\_\_, (Lane)\_\_\_\_, (Section)\_\_\_\_,

(Street/Road)\_\_\_\_(Township/City/District)\_\_\_\_(County/City)

備註：除起日達上述日期，仍須符合各方案所有條件始可返回自宅或親友住所檢疫：

方案 B：(1)自宅或親友住所符合 1 人 1 戶/1 人 1 室規定、(2)核酸檢驗陰性結果。

方案 C：(1)入住防疫旅宿/集中檢疫所滿 168 小時、(2)自宅或親友住所符合 1 人 1 戶/1 人 1 室規定、(3)核酸檢驗陰性結果。

Note: All the requirements of the quarantine program you choose must be met before you can return home for home quarantine starting the above start date.

Program B: (1)Your quarantine residence (home or a residence of family or friends) meets the requirement of one person per residence or one person per room. (2)A negative COVID-19 RT-PCR test result.

Program C: (1)Stay in a quarantine hotel or government quarantine facility for 168 hours. (2)Your quarantine residence (home or a residence of family or friends) meets the requirement of one person per residence or one person per room. (3)A negative COVID-19 RT-PCR test result.

本欄位不適用 Not Applicable

符合居家檢疫(自宅或親友住所)條件 Requirements for undergoing quarantine at home/a residence of family or friends during the Lunar New Year

1 人 1 戶 One person per residence

1 人 1 室(同住者已疫苗完整接種滿 14 天)

One person per room (Family members sharing the residence have been fully vaccinated for 14 days.)

都不符合 Not Applicable

居家檢疫者疫苗接種史 Your vaccination history (subjected to quarantine)

未施打、不清楚疫苗接種史 I am unvaccinated or I don't know

第一劑次 First shot

接種日期 Date of vaccination: \_\_\_\_年\_\_\_\_月\_\_\_\_日 \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

疫苗廠牌 Vaccine brand:

第二劑次 Second shot

接種日期 Date of vaccination: \_\_\_\_年\_\_\_\_月\_\_\_\_日 \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

疫苗廠牌 Vaccine brand:

未滿 12 歲不符合疫苗接種對象 I am under 12 and not eligible for COVID-19 vaccination

同住家人資訊 Information of family members in the same household

姓名 Name	身分證或居留證證號 ID card /resident certificate number	自有手機 Personal cellular phone	完整疫苗接種 Fully vaccinated
1. _____	_____	_____	是 Yes/否 No
2. _____	_____	_____	是 Yes/否 No
3. _____	_____	_____	是 Yes/否 No
4. _____	_____	_____	是 Yes/否 No
5. _____	_____	_____	是 Yes/否 No
6. _____	_____	_____	是 Yes/否 No
7. _____	_____	_____	是 Yes/否 No
8. _____	_____	_____	是 Yes/否 No
9. _____	_____	_____	是 Yes/否 No
10. _____	_____	_____	是 Yes/否 No

備註：同住家人未滿 20 歲請填法定代理人手機。 Note: Fill in the statutory agent's cellular phone number if a family member is under 20 years of age.

本欄位不適用 Not Applicable

## 居家檢疫者應遵守事項

- 一、請維持手部衛生，使用肥皂或其他清潔用品勤洗手。
  - 二、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
  - 三、依傳染病防治法第 58 條第 1 項第 3 款規定，入境時須依指示配合於國際港埠或後送醫院採檢。同時，請您配合妥善保存 COVID-19 抗原家用快篩試劑，於指定日期進行快篩及回報結果，並配合衛生單位於指定日期前往指定醫療院所進行期滿前採檢。違反前述規定者，將依傳染病防治法第 69 條裁處新臺幣 1 萬元以上 15 萬元以下罰鍰。
  - 四、居家檢疫解除後，請繼續自主健康管理 7 天，相關規範請遵循衛生福利部公告之「自主健康管理對象應遵守及注意事項」(網址：<https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>)。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。
  - 五、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」。
  - 六、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。
  - 七、若遇生命、身體等之緊急危難(如：火災、地震等)而出於不得已所為離開隔離處所之適當行為，不予處罰；惟撤離時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。
- ※ 依嚴重特殊傳染性肺炎防治及紓困振興條例第 8 條及傳染病防治法第 58 條，居家檢疫及自主健康管理對象資訊均上傳至全民健康保險醫療資訊雲端查詢系統，以因應 COVID-19 防治採行必要防範作為，保障國內防疫安全。

## Rules for person in home quarantine

1. Please keep hand hygiene and wash your hands frequently with soap or other cleaning supplies.
  2. For mental health services, please call the 24-hour toll-free hotline, 1925.
  3. According to Subparagraph 3, Paragraph 1, Article 58 of the Communicable Disease Control Act, once arrival, you must follow the specimen collection at the international port/airport or referral to the hospital. In the meantime, please properly keep the COVID-19 antigen rapid home test, take rapid test at designated date and report result and follow the health authorities' instructions to undergo PCR testing prior to the end of home quarantine period. Violators of aforementioned regulations will be fined ranging from NT\$ 10,000 to NT\$ 150,000 in accordance with Article 69 of the Communicable Disease Control Act.
  4. After your home quarantine period ends, please practice self-health management for 7 days. Please follow the notes for people under self-health management issued by MOHW, available on the website: <https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>. If you need to go abroad, please bring the notice with you to facilitate departure process.
  5. For other home quarantine related regulations, please follow the notes for people in home isolation and home quarantine issued by the MOHW.
  6. 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.
  7. An appropriate conduct of leaving the house or the designated area performed by a person to avert imminent danger, such as fire and earthquake, otherwise unavoidable to the life or body of himself is not punishable; however, please make sure to wear a medical mask when evacuating, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.
- ※ According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 58 of the Communicable Disease Control Act, all information on individuals practicing home quarantine and self-health management shall be uploaded to the National Health Insurance Medi-Cloud system. In response to prevention and control to COVID-19, it takes necessary precautions to ensure the safety of domestic epidemic.

### 衛生福利部公告：

「居家隔離及居家檢疫對象應遵守及注意事項」

「自主健康管理對象應遵守及注意事項」

### The notes issued by MOHW:

“The notes for people in home isolation and home quarantine”

“The notes for people under self-health management”

