

COVID-19 自費檢驗報告提供授權書-臺帛安全旅行圈專案(範例)

110/04/14 版

本人_____同意授權_____醫療院所將 COVID-19 自費檢驗報告先行傳真提供採檢醫院所屬之管轄衛生局，以利衛生局查核確認臺帛安全旅行圈返臺/入境者完成 COVID-19 採檢。

授權人簽章：_____

身分證／居留證／護照號碼：_____

民國____年____月____日

請務必簽署本授權書，並於前往醫療院所採檢時交給該醫療院所，授權醫療院所將檢驗報告回傳所屬之管轄衛生局，如因未完成授權書簽署，致醫療院所院未能將檢驗報告傳送衛生局，將可能依法受罰鍰、集中檢疫之處分。

COVID-19 Self-paid Test Report Authorization and Consent Form
(For Taiwan-Palau travel bubble travelers)

2021/04/14

I, _____, agree that _____ (testing hospital) may fax my self-paid COVID-19 test report to the local Department of Health where the above testing hospital is located in order to help the local Department of Health verify if I, returning/arriving from Palau under the Taiwan-Palau travel bubble, have completed the COVID-19 test.

Signature: _____

National ID Card no./Resident Certificate no./Passport no.: _____

Date: _____ (year/month/day)

Please be sure to sign this authorization and consent form and provide it to the hospital which you visit for COVID-19 testing. The testing hospital with your authorization form will fax your test report to the local Department of Health. If you don't sign this form, the testing hospital can't provide your test report to the local Department of Health; you may be fined or forcibly placed in a group quarantine facility according to relevant laws.