

國籍航空公司機組員入境聲明暨自主健康管理通知書(7天)
(未入境第三級流行地區且完整接種疫苗滿兩週且抗體檢測陽性之機組員適用)
COVID-19 Health Declaration and Self-Health Management Notice for crew members of Taiwanese airlines
(who have not entered countries under Level 3 travel notice, been fully vaccinated, i.e. two weeks after their second dose of the COVID-19 vaccine, and tested positive for antibodies)


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"/> 完整接種疫苗滿兩週且抗體檢測陽性 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，請您落實以下自主健康管理措施：

- 於自主健康管理期間，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。
- 如沒有出現任何症狀，可正常生活，必須外出時，請一定嚴格遵守全程正確佩戴醫用口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。
- 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。
- 禁止前往醫院陪病；若無嚴重特殊傳染性肺炎相關症狀如發燒、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀者，可依「開放民眾自費檢驗 COVID-19(武漢肺炎)申請規定」採檢陰性後探病。
- 若出現嚴重特殊傳染性肺炎相關症狀如發燒(≥ 38°C)、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀，或曾就醫後症狀加劇必須再度就醫，應主動與當地衛生局聯繫，或撥 1922，依指示方式儘速就醫，前往就醫時禁止搭乘大眾運輸工具。就醫時應主動告知醫師接觸史、旅遊史、居住史、職業別，以及身邊是否有其他人有類似的症狀。此外，須主動通報所屬航空公司，暫停派飛。
- 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。
- 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。
- 如未確實遵守自主健康管理各項規定，係違反「傳染病防治法」第 58 條第 1 項第 3 款，將依同法第 69 條處新臺幣 1-15 萬元罰鍰。
- 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 self-health management regulations:

- During the self-health management, 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.
- During the period, if you have no symptoms, you can live normally. When you go out, you must wear a medical mask all the time, and avoid going to places where social distancing (indoor 1.5 meters, outdoor 1 meter) is difficult to maintain and close contact with random people is highly likely.
- Do not engage in close proximity or group activities, such as dining together, parties, public gatherings or other similar activities.
- You are not allowed to accompany a sick person to the hospital. If you do not experience any COVID-19 symptoms, such as fever, cough, diarrhea, loss of smell and taste or respiratory symptoms, you may visit a patient in the hospital after you apply for a self-paid test according to the Rules for Applying out-of-pocket COVID-19 PCR Test and test negative for COVID-19.
- If you experience COVID-19 symptoms, such as fever(≥ 38°C), cough, diarrhea, loss of smell/taste or other discomfort, or your symptoms become worse after seeking medical attention, please contact 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. Please voluntarily inform your physician of your contact history, travel history, residence history, occupational exposure, and whether anyone else has similar symptoms. Moreover, you must immediately report to your airline company and temporarily discontinue your flight duties.
- 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.
- 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.
- Those who flout the self-health management regulations will violate Subparagraph 3, Paragraph 1, Article 58 of the Communicable Disease Control Act, and be fined NT\$10,000 up to NT\$150,000 in accordance with Article 69 of the Communicable Disease Control Act.
- 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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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)