

國籍航空公司機組員入境健康聲明暨健康評估通知書
(未入境第三級流行地區且已接種 COVID-19 疫苗追加劑滿兩週之機組員適用)
COVID-19 Health Declaration and Self-health Monitoring for Crew members of Taiwanese Airlines
(who have not entered countries under Level 3 travel notice and have received a COVID-19 booster dose for at least two weeks)

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. 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) _____			
3. 是否符合機上及外站防疫規範? Have you practiced all required pandemic prevention measures at the outstation and during the flight? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
4. COVID-19 疫苗接種情形? Have you been vaccinated against COVID-19? <input type="checkbox"/> 符合「接種疫苗追加劑滿兩週」 I have received a COVID-19 booster dose for at least two weeks			

健康評估應配合之檢疫措施：

入境後每 5 天應配合航空公司安排執行一次家用快篩檢測或病毒核酸檢測(得採深喉唾液)，並將檢測結果回報所屬航空公司；倘最後一次派飛達 5 天且未再派飛者，得免定期檢測。

You should cooperate with your airline in undergoing an at-home rapid test or a PCR test (can be a deep-throat saliva test) every five days after entry into the country and reporting your test results to your airline. If the time between your last duty and the next duty is 5 days or longer, you are exempted from regular testing.

依傳染病防治法第 58 條第 1 項第 2 款，機組員應詳實填寫本通知書，且依同條項第 3 款，機組員應遵守上述健康評估之檢疫措施，違反者依同法第 69 條第 1 項第 1 款處新臺幣 1 萬至 15 萬元罰鍰。

In according to subparagraph 2, Paragraph 1, Article 58 of the Communicable Disease Control Act, flight crew members shall complete this form truthfully. Additionally, in accordance with subparagraph 3, Paragraph 1, Article 58 of the same Act, flight crew members shall abide by the abovementioned testing measures during the self-health monitoring period; those who violate the regulations are subject to a fine of between NT\$10,000 and NT\$150,000 according to Subparagraph 1, Paragraph 1, Article 69 of the same Act.

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)

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。

If you disagree with this notice of administrative disposition, please prepare an administrative appeal pleading and file the administrative appeal within 30 days from the next day of the receipt of the administrative disposition with the agency imposing the administrative disposition, and the agency shall transfer the appeal to the agency with jurisdiction of the administrative appeal.