

Notice on the Health Monitoring of Marburg Virus Disease

Name : _____ **ID No. :** _____

Date : _____ **Tel :** _____

Address : _____

(This notice is a legal document, please fill in correctly. The first part will be given to the public health official; the second part is for you to keep.)



Notice on the Health Monitoring of Marburg Virus Disease

You have been in contact with person(s) highly possible or confirmed of Marburg virus infection. To prevent the transmission of Marburg virus disease and to protect yourself and others, please follow the instructions below in 21 days after your last contact with possible or confirmed case of Marburg virus infection.

1. You should notify the public health authority about the travel history, contact history as well as your travel plan for 21 days after last known potential Marburg virus exposure. You should avoid travel abroad and attending social gatherings, and remain reachable to the public health authority during the period of health monitoring.
2. You and your family members can maintain normal life, such as going to school or office. There are no restrictions of activities unless you develop symptoms.
3. Keep your hands clean. Wash your hands frequently with soap and water or alcohol-based hand sanitizer. Avoid touch your eyes, nose and mouth directly with hands.
4. During the period of health monitoring, measure your body temperature once every morning and evening. Record your body temperature and daily activities on the form attached. If you had high-risk exposure, the public health bureau with contact you daily to monitor your health status.
5. If you have symptoms such as fever ($\geq 38^{\circ}\text{C}$), headache, muscle ache, diarrhea, loss of appetite, vomiting, stomachache, difficulty swallowing, maculopapular rash, petechiae, hemorrhage or other neurological symptoms, wear a surgical mask immediately and inform the public health authority to help arrange medical care. Present this notice to the doctor and inform the doctor any relevant contact or travel history.
6. If you feel unwell or have any questions, please contact the public health authority for further information and consultation.
7. If the above regulations of health monitoring are not properly followed, it will be considered a violation of Article 36 of the "Communicable Disease Control Act". According to the Article 70 of the same Act, a fine ranging from NT\$3,000 to 15,000 may be imposed, and repeated violations may result in further penalties.

Issued by (Institution) : _____

Tel : _____

Body Temperature and Activities Record

Contacts at high risk

Contacts at low risk

Name : _____

Date of last contact with case : Month _____ Day _____ Year _____

Day	Date	AM	PM	Symptoms	Activities
1		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
2		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
3		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
4		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
5		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
6		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
7		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
8		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
9		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
10		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
11		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
12		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
13		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
14		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
15		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
16		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	

17		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
18		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
19		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
20		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
21		____ °C	____ °C	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	

* If you ticked "Yes", please describe the symptoms.