

Self-Health Management Notice (Coronavirus disease 2019, COVID-19)

2020.02.16 version

You have been identified as a person subject to COVID-19 testing under our community-based surveillance. In order to reduce the risk of disease transmission and protect your family and friends, please abide by the following self-health management measures for 14 days from the onset of symptoms.

1. **After you complete the specimen collection process in the hospital and return home, please stay at home and do not go outside before you receive your test results.**
2. Please keep your hands clean. You should wash your hands with soap or alcohol-based hand sanitizers frequently. In addition, please refrain from touching your eyes, nose and mouth with your hands. If your hands touch any secretions from your respiratory tract, please wash your hands with soap and water thoroughly.
3. During the 14-day self-health management, please record your temperature and daily activities twice a day (morning and evening) correctly.
4. During illness, please rest at home, wear a surgical mask and avoid going outside. If your mask is contaminated by secretions of nose or mouth, please fold it and throw into the trash immediately.
5. During illness, please wear a surgical mask and keep at least 1 meter away from others while talking to them.
6. During the period, if you recover from the illness or your symptoms are relieved, please still avoid going to public places. When you go outside, please ensure that you wear a surgical mask as required.
7. If your symptoms become worse, please make sure to wear a surgical mask and notify the local health authority to help you seek medical attention. When you seek medical attention, please show this notice to your physician, and inform the physician of your contact history, travel history, residence history, occupational exposure, and whether anyone else has similar symptoms.

Acknowledgment of Receipt of Self-Health Management Notice for COVID-19
(Please send it to the local health authority by fax or to the hospital.)

Name :	ID/Passport No :
Address :	TEL : Mobile Phone :

After receiving health education, I understand all the requirements of self-health management for COVID-19.

Signature : _____ Date: ____/____/____ (YYYY/MM/DD)