

嚴重特殊傳染性肺炎個案接觸者居家 (個別) 隔離通知書(春節版)**Home isolation (Self-isolation) notice for contacts of COVID-19****confirmed cases(Lunar New Year Quarantine Program)**

____先生/女士 您好 : (Mr./Ms. _____) 聯絡電話(Tel) : _____

身分證號碼/護照號碼(ID/Passport No.) : _____

居住地址(Address) : _____

經**主管機關**調查結果，您於**110年12月14日至111年2月14日期間**入境，**檢疫期間**可能與嚴重特殊傳染性肺炎個案有相當接觸，故由**檢疫轉為隔離身分**，依傳染病防治法第48條第1項規定，為了保護您和親友及大眾的健康與安全，請您於____年__月__日至____年__月__日期間進行居家/個別隔離，有關居家隔離之應遵守及注意事項如下：

You arrive in Taiwan between December 14, 2021 and February 14, 2022. During the quarantine period, you have been identified as a contact of COVID-19 confirmed cases based on health authority's investigation. According to Paragraph 1, Article 48 of the Communicable Disease Control Act, in order to prevent the spread of the disease and protect the health and safety of your friends, family members and the public, please comply with the following regulations regarding home isolation (self-isolation) during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD):

一、應遵守事項

- (一) 留在家中(或嚴重特殊傳染性肺炎中央流行疫情指揮中心、**地方主管機關**指定範圍內)，禁止外出，亦不得出境或出國。若遇生命、身體等之緊急危難(如：火災、地震等)而出於不得已所為離開隔離處所之適當行為，不予處罰；惟撤離時應佩戴口罩，並儘速聯繫所在**地方主管機關**或 1922，並依**地方主管機關**指示辦理。
- (二) 居家隔離期間，**選擇自宅或親友住所居家隔離者**，以**1人1戶為基準**，須符合該戶內**無非居家隔離者**；若全家人或同住者同為居家隔離者，於同戶內應**1人1室(單獨房間含衛浴)**，未符合者，請依**主管機關**安排**指定處所隔離**。請於隔離期間，每日早/晚各量體溫一次，自主詳實記錄體溫及健康狀況(如後附表格)，並配合提供手機門號、回復雙向簡訊健康情形等必要之關懷追蹤機制(包含以手機門號進行個人活動範圍之電子監督)。居家隔離之個人資料沿用至自主健康管理期滿，並於結束後**28天銷毀**。
- (三) 如有發燒、咳嗽、腹瀉、嗅覺或味覺異常及呼吸困難等症狀或其他任何身體不適，請佩戴口罩，主動與當地衛生局聯繫，或撥 1922，依指示

方式儘速就醫，未經上述程序不得逕行外出就醫就診，且禁止搭乘大眾運輸工具前往。

(四) 依傳染病防治法第 43 條第 2 項規定，請您配合**地方主管機關**於指定日期前往指定醫療院所進行期滿前採檢。

1. Stay at home or within the area designated by the Central Epidemic Command Center (CECC) or the local government. You are prohibited from leaving the house or the designated area and leaving the country or going abroad. An appropriate conduct of leaving the house or the designated area performed by a person to avert imminent danger, such as fire and earthquake, otherwise unavoidable to the life or body of himself is not punishable; however, please make sure to wear a medical mask when evacuating, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.
2. During the home isolation period, **individuals who choose to undergo isolation (self-isolation) at home or in a relative's residence shall abide by the principle of one person per residence; if all members of a household living in the same residence are all required to home isolate (self-isolate), they all can isolate in the same residence; however, they shall abide by the principle of one person per room requirement (a separate room with a bathroom) in the same residence. If not, you should follow the instructions to stay within the area designated by the health authorities.** During the home isolation period, please record your temperature and health status twice a day (morning and evening) correctly on the attached form. Additionally, please provide your cell phone number, report your health status via two-way SMS messaging, and cooperate with other kinds of care and follow-up procedures, including using cell phone signals to implement electronic monitoring of your location, conducted by the health authority. Your personal data provided for home isolation purposes will continue to be used until the expiration of the self-health management period and will be destroyed 28 days after the end of that period.
3. When you display symptoms, such as fever, cough, diarrhea, loss of smell, loss of taste and breathing difficulties, please make sure to wear a medical mask and contact local health authorities or call the toll-free hotline 1922 to obtain instructions on seeking medical attention. You cannot go to the hospital or clinic by yourself without instructions of local health authorities and cannot take public transportation to go to the hospital.
4. According to Paragraph 2, Article 43 of the Communicable Disease Control Act, please follow the **local** health authorities' instructions to undergo PCR testing prior to the end of home isolation period.

二、違反上述第(一)~(三)項居家隔離規定者，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 15 條裁處新臺幣 20 萬元以上 100 萬元以下罰鍰；違

反上述第(四)項居家隔離規定者，將依傳染病防治法第 67 條裁處新臺幣 6 萬元以上 30 萬元以下罰鍰。

Those who flout the 1st to 3rd home isolation (self-isolation) regulations will be fined ranging from NT\$200,000 to NT\$1,000,000 in accordance with Article 15 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens. Those who flout the 4th home isolation (self-isolation) regulations will be fined ranging from NT\$60,000 to NT\$300,000 in accordance with Article 67 of the Communicable Disease Control Act.

三、居家隔離解除後，請繼續自主健康管理 7 天。相關規範請遵循衛生福利部公告之「自主健康管理對象應遵守及注意事項」，網址：

<https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>。

After the end of your home isolation (self-isolation), please practice the following self-health management regulations for 7 days. Please follow the notes for people under self-health management issued by the Ministry of Health and Welfare (MOHW), available on the website: <https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>.

四、違反上述自主健康管理規定者，將依傳染病防治法第 67 條裁處新臺幣 6 萬元以上 30 萬元以下罰鍰。

Those who flout the self-health management regulations will be fined ranging from NT\$60,000 to NT\$300,000 in accordance with Article 67 of the Communicable Disease Control Act.

五、依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 8 條及傳染病防治法第 48 條，隔離或自主健康管理對象資訊均上傳至全民健康保險醫療資訊雲端查詢系統提示，以因應 COVID-19 防治採行必要防範作為，保障國內防疫安全。

According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 48 of the Communicable Disease Control Act, all information on individuals practicing isolation and self-health management shall be uploaded to the National Health Insurance Medi-Cloud system. In response to prevention and control to COVID-19, it takes necessary precautions to ensure the safety of domestic epidemic.

六、其他注意事項

- (一) 請維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手並澈底洗淨。
- (二) 如您於取消隔離日後有出境或出國需要，請攜帶本通知書，以免移民署人員因註記系統的時間誤差，延誤您通關時間。
- (三) 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。

(四) 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。

1. 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.
2. The National Immigration Agency will be notified by computer system when you are placed under home isolation. Thus, when you need to go abroad after home isolation ends, please bring this notice with you. Please show immigration officers this notice for fear that they would delay your clearance due to the time error of the system.
3. If you need mental health services, please call the 24/7 toll-free hotline, 1925.
4. 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.

衛生福利部公告 (MOHW Announcements) :


「居家隔離及居家檢疫對象應遵守及注意事項」

“The notes for people in home isolation and home quarantine”

「自主健康管理對象應遵守及注意事項」

“The notes for people under self-health management”



個案 ID/護照號碼(ID/Passport No.) : _____	電話(Tel) : _____
隔離時間(Isolation period) : _____年____月____日至_____年____月____日 (YYYY/MM/DD) (YYYY/MM/DD)	
隔離地址(Address) : _____	
※無更換隔離地點則免填此欄	
隔離時間(Isolation period) : _____年____月____日至_____年____月____日 24 時 (YYYY/MM/DD) (YYYY/MM/DD)	
隔離地址(Address) : _____	
訪視人員 Responsible person 填發人簽章(Signature of responsible person) : _____ 聯絡電話(Tel) : _____	填發單位 Competent authority  單位章戳

上開事項地方政府衛生局已於_____年____月____日以電話通知，依行政程序法第 110 條規定，台端於通知日起對上開事項發生效力，再以此書面請台端配合辦理。

The regulations regarding home isolation (self-isolation) will take effect from the day (____/____/____) (YYYY/MM/DD) when you are notified over the phone by the local competent authorities in accordance with Article 110 of the Administrative Procedure Act.

嚴重特殊傳染性肺炎個案接觸者居家隔離通知書簽收聯

編號 (Reference No.) : _____

Acknowledgement receipt of home isolation (self-isolation) notice for contacts of COVID-19 confirmed cases

(若個案為未成年人，則送請法定代理人簽收，並向法定代理人說明程序)

(If the case is a minor, the notice will be sent to his/her legal representative, and the procedure will be explained to the legal representative.)

受文者簽收 : _____
(Recipient) (signature)

法定代理人簽章 : _____
(Legal representative) (signature)

個案 ID/護照號碼 : _____
(ID/Passport No.)

執行人員簽章 : _____
(Responsible person) (signature)

送達說明時間(Date) : _____年____月____日____時____分 (YYYY/MM/DD/HH/MM)

體溫及健康狀況紀錄表

Record of Body Temperature and Health Status and Conditions

填表人(Name) : _____

與病例最後接觸日期(The last date which contact with the confirmed case) :

_____年____月____日(YYYY/MM/DD)

日期： 月/日 Date: m/d	體溫 早/晚 Temperature Morning/ night	發燒 (≥38°C) Fever (≥38°C)	流鼻水、 鼻塞 Runny/ stuffy nose	咳嗽 Cough	呼吸 困難 Breathing difficulties	嗅、味 覺異常 loss of smell or taste	腹瀉 diarrhea	全身 倦怠 general malaise	四肢 無力 Limb weakness	當日就醫 Seek immediate medical attention
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