

**國籍航空公司機組員入境健康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未接種 COVID-19 疫苗追加劑滿兩週之機組員適用)**  
**COVID-19 Health Declaration and Self-Health Management Notice for Crew Members of Taiwanese airlines**  
**(who have not entered countries under Level 3 travel notice and have not 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. <b>(1)</b> _____ <b>(2)</b> _____ <b>(3)</b> _____			
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"/> 未符合「接種疫苗追加劑滿兩週」 I have not received a COVID-19 booster dose for at least two weeks.			

**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：**

- 一、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 7 天且未再派飛者，得免定期檢測。
- 二、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。
- 三、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。
- 四、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。
- 五、如出現上述症狀或該症狀加劇、惡化等特殊情況，就醫時應遵守：
  - (一)請透過遠距醫療或視訊診療方式，由醫療人員進行相關診療，或可自行開車、騎車、步行、家人親友載送(雙方全程佩戴口罩)，並請佩戴醫用口罩就醫，禁止搭乘大眾運輸工具前往。
  - (二)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。
  - (三)就醫後若經醫療院所評估須安排採檢，於接獲檢查結果通知前，應留在住居所中，不可外出，獲知檢驗結果為陰性後，仍需自主健康管理至期滿。
- 六、有症狀時請在住居所中休養，並佩戴醫用口罩；與他人交談時，除應佩帶醫用口罩，並應保持 1 公尺以上距離。此外，須主動通報所屬航空公司，暫停派飛。
- 七、違反上述自主健康管理規定者，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。
- 八、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:**

1. Viral nucleic acid testing (saliva allowed) should be performed every 7 days; if the last flight has reached 7 days and you have not been on duty again, regular testing will be exempted.
2. 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.
3. 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.
4. Do not engage in close proximity or group activities, such as dining together, parties, public gatherings or other similar activities.
5. If you develop COVID-19 symptoms or your symptoms become severe, please abide by the following rules when seeking medical attention:
  - (1) Please use telemedicine or video consultations with doctors, or you can seek medical care by driving or riding by yourself, on foot, or getting a ride from your friend or relative (both parties must wear masks at all times); when you seek medical attention, you must wear a medical mask and must not use public transportation.
  - (2) You must actively inform the doctor of your contact history, travel history, residence history, occupation, and whether other people around you exhibit similar symptoms.
  - (3) If you are arranged by the medical institutions to do a screening for COVID-19, you are required to stay in your residence and may not go outside before receiving the test results. If the test results are negative, you are still required to practice self-health management until the end of the period.
6. If you exhibit symptoms, you must stay in your residence and wear a medical mask. You may not go outside. You must wear a medical mask when talking with others and maintain a distance of at least 1 meter. When your mask is contaminated by nasal or oral secretions, you must replace it immediately, fold it inwards, and put it in a trash can. Moreover, you must immediately report to your airline company and temporarily discontinue your flight duties.
7. 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.
8. 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.

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)

