

編號(Reference No.):

**嚴重特殊傳染性肺炎指定處所隔離通知書及提審權利告知****COVID-19 Designated Residence Isolation (Home Isolation) Notice  
and Right to Petition for Habeas Corpus Relief**

姓名(本人或法定代理人親填): Name (or Legal representative)	身分證號/護照號碼: Citizen ID No. /Passport No
聯絡電話: TEL	地址: Address

依傳染病防治法第 44 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\_\_日期間進行指定處所隔離，有關隔離之應遵守及注意事項如下：

According to Paragraph 1, Article 44 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 designated residence isolation (home 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、地方政府指定範圍內），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、地震或需緊急外出就醫等）而出於不得已所為離開隔離處所之適當行為，不予處罰；惟離開時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。
- (二) 隔離期間，以 1 人 1 室（具單獨房間及衛浴）為基準；若選擇自宅或親友住所隔離者，同戶同住者日常生活仍需採取適當防護措施，包括落實佩戴口罩、遵守呼吸道衛生、勤洗手以加強執行手部衛生、保持良好衛生習慣及維持社交安全距離，且不可共食。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）。隔離之個人資料沿用至隔離或自主健康管理期滿，並於結束後 28 天銷毀。
- (三) 如經安排收治在指定處所（居家）或等候安排就醫期間，請您隨時注意自身健康狀況，若有出現症狀時，可聯繫所轄衛生局居家照護服務專線、指定居家醫療照護團隊或免費使用 24 小時視訊諮詢 APP 「健康益友」（IOS: <https://reurl.cc/Qj14GO>, Android : <https://reurl.cc/Qj14gM>），當出現

下列警示症狀時，請立即通知所在地政府衛生局或撥打 119 就醫，以 119 救護車為原則或指示之防疫計程車、同住親友接送或自行前往(如步行、自行駕/騎車)等方式為輔。

1. 無發燒（體溫 $<38^{\circ}\text{C}$ ）之情形下，心跳 $>100$  次/分鐘
2. 喘或呼吸困難（呼吸速率 $>30$  次/分鐘，或血氧監測 $\leq 94\%$ ）
3. 持續胸痛或胸悶
4. 意識不清
5. 皮膚、嘴唇或指甲床發青
6. 無法進食、喝水或服藥
7. 過去 24 小時無尿或尿量顯著減少
8. 收縮壓 $<90\text{mmHg}$

「健康益友 APP」

Eucare App

Android 版

IOS 版



口服藥物治療  
同意書

Oral therapy

Agreement



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 an imminent danger (such as fire, earthquake, or going outside for emergency medical care), otherwise unavoidable to the life or body of himself is not punishable; however, please make sure to wear a medical mask when going outside, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.
2. During the isolation period, individuals who choose to undergo isolation at home or in a relative's residence shall abide by the principle of one person per room (a separate room with a bathroom); all members of a household living in the same residence are required to take protective measures (such as wearing medical masks, maintaining good hygiene practices, keeping a social distance and not sharing food). During the period of designated residence isolation (home isolation), 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 isolation purposes will continue to be used until the expiration of the isolation or self-health management period and will be destroyed 28 days after the end of that period.
3. Observe the changes in your symptoms. If you have any symptoms, you can call the home care service hotline of your local Department of Health or a designated home care team or use the Eucare App, which provides free 24-hour video consultation services.

(IOS: <https://reurl.cc/Qj14GO>, Android : <https://reurl.cc/Qj14gM> ).

When you experience the following symptoms: wheezing, breathing difficulties, persistent chest pain, chest tightness, unconsciousness, blue skin, lips or nail beds, inability to eat, drink or take medicine, anuria or significant reduction in urine output in the past 24 hours, and systolic blood pressure <90mmHg, please contact your local Department of Health or call 119 immediately; you are advised to call 119 for an ambulance, take a quarantine taxi, or have a relative or friend drive you to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).

**二、違反上述規定者，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 13 條，處 2 年以下有期徒刑、拘役或新臺幣 20 萬元以上 200 萬元以下罰金。**

**Those who flout the above regulations are subject to imprisonment of less than 2 years or to a fine between NT\$200,000 to NT\$2,000,000 in accordance with Article 13 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens.**

**三、如您為 COVID-19 確診個案，符合解除隔離條件後，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>。**

**If you are a confirmed COVID-19 case and have met the criteria for release from isolation, you should continue to practice self-health management for seven days after being released from isolation. Please follow the Self-Health Management Compliance Items and Notice 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 70 條裁處新臺幣 3 千元以上 1 萬 5 千元以下罰鍰。**

**Those who flout the self-health management regulations will be fined ranging from NT\$3,000 to NT\$15,000 in accordance with Article 70 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 36 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，避免疫情擴散及保障國內防疫安全。**

**According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 36 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 prevent the spread of the disease and 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 designated residence isolation (home isolation). Thus, when you need to go abroad after the period of designated residence isolation (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) :

「自主健康管理對象應遵守及注意事項」

“The notes for people under self-health management”



**另為保障您的權益，特告知您以下事項(請簽收附件 1 提審權利告知):**

**To protect your rights and interests, we hereby inform you of the following (please complete the Proof of Receipt, Annex 1)**

- 一、您或您的親友有權利依照提審法的規定，向地方法院聲請提審。您可提供執行人員您親友之姓名、地址、電話或電子郵件，執行機關將盡合理努力通知您的親友有關您接受隔離(治療)之訊息。
  - 二、不論您是否聲請提審或訴願，執行人員將隨時評估您是否有隔離(治療)之必要，若無隔離(治療)之必要時，縣(市)政府將即解除隔離(治療)之處置；縣(市)政府至遲每隔三十日。將重新鑑定，評估您是否有繼續隔離(治療)之必要。
  - 三、如您有任何問題，可與以下執行人員聯絡
1. You or a relative or friend of yours have the right to petition to the local court for relief in accordance with the Habeas Corpus Act. You can provide the names, addresses, phone numbers or emails of your relative or friend to the responsible person. The competent authorities will inform your relative or friend of information about imposing isolation on you.
  2. Whether you have submitted an appeal or a petition or not, the responsible person will evaluate if you require isolation (treatment) at any time. If isolation (treatment) is not required, the isolation order will be lifted by the local health authority. The local health authority will assess whether you need to be isolated (for treatment) every 30 days at the latest.
  3. If you have any questions, please contact the person in charge.

個案 ID/護照號碼(ID/Passport No.) : _____	填發單位 Competent authority
電話(Tel) : _____	
開始隔離日 (Start date of designated residence isolation) : _____年_____月_____日 (YYYY/MM/DD)	
取消隔離日 (Cancellation date of designated residence isolation) : _____年_____月_____日 (YYYY/MM/DD)	
隔離地址(Address) : _____	

嚴重特殊傳染性肺炎指定處所隔離通知書及提審權利告知送達證明

附件 1

COVID-19 Designated Residence Isolation (Home Isolation) Notice and Right to Petition for Habeas Corpus Relief

Annex

本人\_\_\_\_\_已於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日\_\_\_\_\_時\_\_\_\_\_分

收悉\_\_\_\_\_縣(市)政府嚴重特殊傳染性肺炎指定處所隔離通知書，並了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

I have received the “COVID-19 Designated Residence Isolation (Home Isolation) Notice and Right to Petition for Habeas Corpus Relief” on \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.

本人 I

不請求執行機關通知親友。

DO NOT request the notification of my relative or friend.

請求執行機關通知以下親友。

REQUEST the notification of my relative or friend.

第一位親友 First relative or friend :

姓名 Name :

住址 Address :

電話 Telephone :

電子郵件 Email :

第二位親友 Second relative or friend :

姓名 Name :

住址 Address :

電話 Telephone :

電子郵件 Email :

本人簽名 Signature :

日期 Date :

若本人拒絕簽名，執行人員請填以下表格

If the person requiring isolation refuses to sign the notice, the person in charge will fill out the form as below

執行人員\_\_\_\_\_，已向本人解釋其聲請提審之相關權利，並要求本人於提審權利告知書簽名，但本人拒絕簽名。

\_\_\_\_\_(Name of person in charge) has explained the right of the person requiring isolation to petition for habeas corpus relief, and asked him/her to sign the notice, but he/she has refused to sign it.

執行人員簽名：

日期：