

Emerging Infectious Diseases 新興傳染病類

1. Occupation and status (multiple answers allowed) 職業及身分別(可複選) :

- Cook 廚師
- Food and beverage service personnel 餐飲從業人員
- Hotel industry personnel 飯店/旅館業之員工
- Health care worker 醫護人員
- Health care administrator 醫事人員
- Assistant caregiver 看護人員
- Nursing home staff 養老院/養護中心之員工
- Ambulance worker 救護人員
- Medical waste handler 醫療廢棄物清潔人員
- Sex worker 性工作者
- Daycare center personnel /Caregiver/Babysitter 教保/托育人員
- Student 學生
- Children of immigrant residents (Nationality of parents: _____)
新住民之子女，父母國籍為
- Agricultural industry 農業
- Fishery industry 漁業
- Animal husbandry industry (including: cattle, sheep, goats, and pigs)
畜牧業(含牛、羊、豬)
- Livestock and poultry related personnel 禽畜相關從業人員
- Slaughter industry 屠宰業
- Military serviceman 現役軍人
- Construction industry 營造業
- Timber industry 伐木業
- Hot spring/SPA/swimming pool/sauna 溫泉/SPA/泳池/三溫暖之員工
- Laboratory staff 實驗室工作人員
- Veterinarian 獸醫師
- Tower/pool cleaning staff 水塔/水池清潔人員
- Driver 職業駕駛
- Others: specify _____其他，說明

2. Foreign/domestic travel history during the incubation period

潛伏期國內外旅遊資料

2.1 Have you ever traveled to or lived in a foreign country during the incubation period?

潛伏期內，是否曾在國外旅遊或居住？

no 否 yes 是(fill in the table) (請填下表)

purpose 出國目的：tourism 旅遊 business 經商 visit friends or relatives 探親 foreign workers 外籍勞工 religious activities 宗教活動 study abroad 學生

others: specify _____其他，說明

Joined a group tour 是否參加旅行團：no 否 yes 是

travel agency 旅行社名稱：_____

Contact number 連絡電話：_____

Arrival and departure dates (yyyy/mm/dd)日期起迄	country 國家別	Location 地點
<input type="text"/> ~ <input type="text"/>		
<input type="text"/> ~ <input type="text"/>		

2.2 Have you ever traveled to or lived in domestic place during the incubation period?

潛伏期內，是否曾在國內旅遊或居住？

no 否 yes 是 (answer the questions listed below the table) (請填下表)

Arrival and departure dates (yyyy/mm/dd) 日期起迄	county 縣市	Location 地點
<input type="text"/> ~ <input type="text"/>		
<input type="text"/> ~ <input type="text"/>		

3. Foreign/domestic travel history during the communicable period

可傳染期國內外旅遊資料

3.1 Have you ever traveled to or lived in a foreign country during the communicable period?

潛伏期內，是否曾在國外旅遊或居住？

no 否 yes 是 (fill in the table) (請填下表)

purpose 出國目的： tourism 旅遊 business 經商 visit friends or relatives 探親

foreign workers 外籍勞工 religious activities 宗教活動 study abroad 學生

others: specify _____ 其他，說明

Joined in a group tour 是否參加旅行團： no 否 yes 是

travel agency 旅行社名稱：_____

Contact number 連絡電話：_____

Arrival and departure dates (yyyy/mm/dd)日期起迄	country 國家別	Location 地點
<input type="text"/> ~ <input type="text"/>		
<input type="text"/> ~ <input type="text"/>		

3.2 Have you ever traveled to or lived in domestic place during the communicable period?

潛伏期內，是否曾在國內旅遊或居住？

no 否 yes 是 (answer the questions listed below the table) (請填下表)

Arrival and departure dates (yyyy/mm/dd)日期起迄	county 縣市	Location 地點
<input type="text"/> ~ <input type="text"/>		
<input type="text"/> ~ <input type="text"/>		

4. Chronic disease history and related risk factors? 慢性病病史及相關危險因子?

yes 有 no 無 (會清除下方答案)

If yes, select at least one of the following options. 若為有時，需選擇下列類別至少一項：

mental disorders 精神疾病

neuromuscular diseases 神經肌肉疾病

- asthma 氣喘
- chronic lung diseases (ex. asthma, chronic obstructive pulmonary disease, etc., except asthma)慢性肺疾(如支氣管擴張、慢性阻塞性肺疾等，氣喘除外)
- diabetes 糖尿病
- metabolic diseases (ex. hyperlipidemia, except diabetes)代謝性疾病(如高血脂，糖尿病除外)
- cardiovascular diseases (except hypertension)心血管疾病(高血壓除外)
- liver diseases (ex. hepatitis, cirrhosis, etc.)肝臟疾病(如肝炎、肝硬化等)
- kidney diseases (ex. chronic renal insufficiency, receive long-term hemodialysis or peritoneal dialysis, etc.)腎臟疾病(如慢性腎功能不全、長期接受血液或腹膜透析等)
- cancer still under treatment or not cured 仍在治療中或未治癒之癌症
- low immunity state, specify _____ 免疫低下狀態，說明:_____
- pregnancy, ___ weeks 懷孕，週數(週)_____
- Obesity (BMI \geq 30) 肥胖(BMI \geq 30)
- others: specify _____ 其他

5. Did you go to any places listed below during the incubation period or communicable period? **(multiple answers)**

潛伏期或可傳染期內曾前往下列環境/地點？(可複選)

5.1 human-animal interface 人畜環境

- Poultry farms(e.g. chicks, ducks)養禽場(雞鴨等禽類) Stock farm(e.g. pigs, cattle, goat, deer)畜牧場(豬、牛、羊及鹿等畜類) slaughter farms 屠宰場
- Animal Refuge/Shelter 動物收容之家 Fur factory 皮毛工廠 Zoo 動物園
- market 市場 night market 夜市 barn 糧倉 recycling center 資源回收廠 ports 港
- farmland or vegetable garden 農田或菜園 forest or grassland 森林或野草地
- pigeon loft 鴿舍 others: specify _____ 其他：說明_____

5.2 human-human interface 人際環境

- household 住家 campus 校園 workplace 職場 restaurant 餐廳
- please fill in the table if other activities included, except those listed above

除上列外，其他活動地點請註明如下：

日期 date(yyyy/mm/dd)	地點 location
起：__年__月__日 迄：__年__月__日	

6. Animal contact history during the incubation period or communicable period

潛伏期或可傳染期內動物接觸史

6.1 Were you in contact with animals, or bite by animals/ insects?

是否曾接觸動物，或被動物抓咬傷(或蟲子叮咬)? No 否 Yes 是 (please fill in the table)(續填下表)

時間 date(yyyy/mm/dd)	地點 location	動物類別 animal	接觸方式 contact method	備註 notes
起：__年__月__日 迄：__年__月__日		<下拉式選單 (1)-(13)>	<下拉式選單(a)-(j)> (可複選)	

(1)poultry 禽鳥類 (2) livestock 家畜類 (3) insects(e.g. flea, tick, blood-sucking mosquito) 昆蟲類(如蚤、蜱、吸血蚊蠅) (4) aquatic animal 水生動物 (5) primates(e.g. orangutan, monkey) 靈長類(猩猩、猴等) (6) Rodents(e.g. rats) 嚙齒類(鼠類等) (7) bat 蝙蝠 (8) ferret badger 鼬獾 (9) Canis(dog) 犬 (10) cat 貓 (11) camel 駱駝 (12) Reptile 爬蟲類 (13) others 其他動物

(a) handle animal body(move, butcher, dissect) 處理動物屍體(搬運、宰殺、解剖) (b) hug 擁抱動物 (c) kiss 親吻動物 (d) stroke 撫摸動物 (e) vaccinate 幫動物預防注射 (f) feed 餵食 (g) handle/contact animal blood, organs, excrement or secretion 處理/接觸動物血液、器官、排泄物或分泌物 (h) been bite 被抓咬叮傷 (i) Catch 捕捉 (j) others 其他

6.2 Did you cook or drink animal milk, milk product or raw meat product?

是否曾料理食用動物乳汁、乳製品，或未煮熟肉製品?

No 否 Yes 是 (describe date and location) (填入料理食用產品與時地) 說明_____

6.3 Is your pet regularly in contact with other animals?

您的寵物有無接觸其他動物之習慣?

no pet 無飼養寵物 have (a) pet(s), but no contact history with other animals 寵物無接觸其他動物 Yes, describe _____ 有，說明:_____

7. Contact history with cases who have similar symptoms or suspected cases during the incubation period and communicable period

潛伏期及可傳染期內類似症狀/疑似病例生活接觸史

7.1 Were you in close contact with suspected/confirmed cases, or cases of unknown origin acute respiratory disease?

個案是否曾經密切接觸疑似/確定病例，或未明原因急性呼吸道病例?

No 否 Yes 是(Please fill in the table)(請填下表)

contact date (yyyy/mm/dd) 接觸時間起迄	Relationship 與個案關係	Location 接觸地點	Did you have contact with bodily fluids of the case, e.g. blood, urine, sputum or secretions, etc.? 是否曾接觸到該名病例的體液，如血液、尿液、痰、	Did the case have a history of close contact with animals? 該名病例是否有密切動物接觸史	Notes 接觸備註

			分泌物等		
起：__年__月__日 迄：__年__月__日	<input type="checkbox"/> Family 家人 <input type="checkbox"/> Friends 朋友 <input type="checkbox"/> Classmates 同學 <input type="checkbox"/> Colleague 同事 <input type="checkbox"/> others, specify_____其他，說明 _____		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> Unknown 不知	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> Unknown 不知	

7.2 Were you in contact with a case who had similar symptoms?

個案是否曾經接觸類似症狀者？

No 否 Yes 是(Please fill in the table)(請填下表)

contact date (yyyy/mm/dd) 接觸時間 起迄	Relationship 與個案關係	Location 接觸地點	Did you have contact with bodily fluids of the case, e.g. blood, urine, sputum or secretions, etc.? 是否曾接觸到該名病例的體液，如血液、尿液、痰、分泌物等	Did the case have a history of close contact with animals? 該名病例是否有密切動物接觸史	Notes 接觸備註
起：__年__月__日 迄：__年__月__日	<input type="checkbox"/> Family 家人 <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Classmate 同學 <input type="checkbox"/> Colleague 同事 <input type="checkbox"/> others, specify_____其他，說明 _____		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> Unknown 不知	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> Unknown 不知	

7.3 Did you have a common history of laboratory, animal or environments with suspected/confirmed cases, or cases of unknown origin acute respiratory disease?

個案是否與密切接觸疑似/確定病例，或未明原因急性呼吸道病例有共同的實驗室、

動物/環境接觸史？

No 否 Yes 是(Please fill in the table)(請填下表)

接觸時間 contact date (yyyy/mm/dd)	接觸地點 location	接觸備註 notes
起：__年__月__日 迄：__年__月__日		

7.4 Did you have a common history of laboratory, animal or environments with a case who had similar symptoms?

個案是否與類似症狀者有共同的實驗室、動物/環境接觸史？

No 否 Yes 是(Please fill in the table)(請填下表)

接觸時間 contact date (yyyy/mm/dd)	接觸地點 location	接觸備註 notes
起：__年__月__日 迄：__年__月__日		

8. Did you work in a laboratory during the incubation period and communicable period?
潛伏期及可傳染期內是否從事實驗室檢驗相關工作？

No 否 Yes 是(Please fill in the table)(請填下表)

Laboratory name 實驗室名稱	Testing item 檢體項目	Phone number 電話

9. Did you manage biological specimen package, transport and preservation during the incubation period and communicable period?

潛伏期及可傳染期內是否從事生物檢體包裝運送保存？

No 否 Yes 是(Please fill in the table)(請填下表)

Specimen 檢體名稱	Testing item 檢體項目	Organization 機構名稱	Phone number 電話

10. Did you go to hospitals/clinics during the incubation period and communicable period?
潛伏期及可傳染期內內是否到過醫院？

No 否 Yes 是(Please fill in the table)(請填下表)

medical date(yyyy/mm/dd) 就醫日期	hospital/clinic name 醫療院所名稱	Notes 備註

11. **Did you take any public transportation during the incubation period or communicable period?**

個案於潛伏期或可傳染期間是否搭乘大眾運輸工具？

No 否 Yes 是(Please fill in the table)(請填下表)

transportation type/schedule 交通工具/班次	Did you wear a mask?戴口罩? <input type="checkbox"/> yes 是 <input type="checkbox"/> no 否	departure 起點	arrival 迄點	departure date (yyyy/mm/dd) 搭乘日期	Notes 備註

12. **Did you get any vaccines listed below?是否曾接種下列疾病之疫苗**

No 否 Yes, date____是，日期____，Smallpox 天花 Plague 鼠疫 Anthrax 炭疽病 Rift Valley Fever 裂谷熱

13. **個案目前健康狀況 present health condition of the case**

- death, date(yyyy/mm/dd)死亡，日期_____
- hospitalized, date(yyyy/mm/dd)住院，日期_____
- discharge, date(yyyy/mm/dd)出院日期，_____
- outpatient follow-up, date(yyyy/mm/dd)門診追蹤，日期_____
- departure, date(yyyy/mm/dd)離境，日期_____
- others: specify_____其他，說明

14. Notes (optional)_____其他備註 (非必填)