

## COVID-19確診個案與接觸者自主應變機制

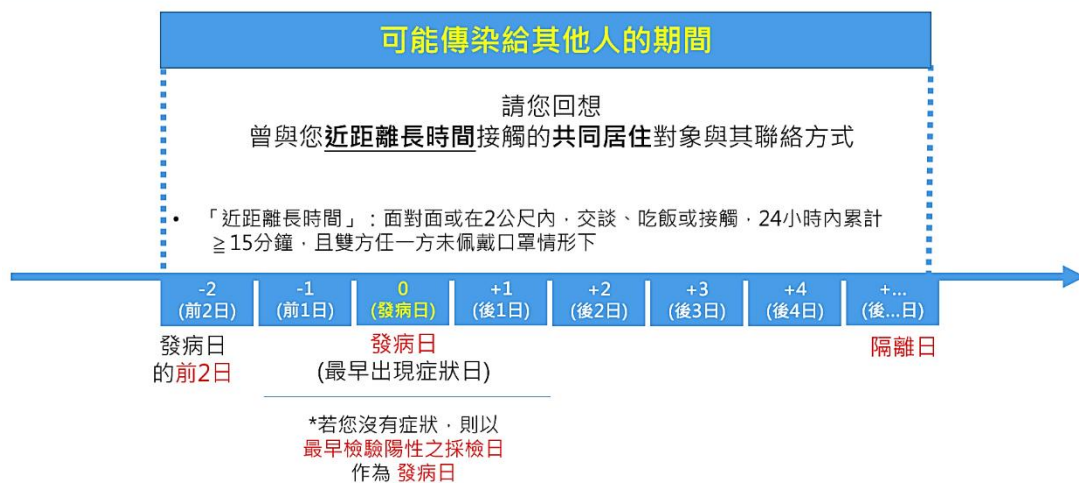
### 如果我被確診 COVID-19，誰是我的密切接觸者？

告訴公衛人員您的密切接觸者是誰很重要，因為他們可能已經接觸過病毒而有感染的風險。為了保護他們的健康和避免疾病進一步傳播，公衛人員會提供快篩試劑，以確認健康狀況。

### 您的密切接觸者定義

造成 COVID-19的病毒可能在您發病（或檢驗陽性）的前兩天至您被隔離的期間傳染給其他人，如您或對方曾經未佩戴口罩面對面接觸達15分鐘（含）以上，這些人都可能是您的密切接觸者（如下圖）。

### COVID-19可傳染期 (示意圖)



註：若您於可傳染期期間，曾有快速抗原檢驗或 PCR 檢驗陰性證明，可傳染期可以檢驗陰性之採檢日次日起算。

請仔細回想在您最早出現症狀的發病日（如沒有症狀，則為最早檢驗陽性日）的前兩天到您被隔離前這段期間，曾經共同居住的人，並填寫「COVID-19確診個案自填版疫調單」。

※如您已於「COVID-19確診個案自主回報疫調系統」回報相關疫調資料，或您已提供地方衛生單位的相關疫調資料，則不需要重複填寫此份「COVID-19確診個案自填版疫調單」。

## 如何通知我的密切接觸者

您可以主動聯絡您的公司或學校聯絡窗口，由公司或學校啟動相關應變措施。如您的同住者未完成 COVID-19疫苗追加劑接種，請留在家中進行3天居家隔離和4天自主防疫(以最後一次與您接觸的日期為第0天)；如同住者已完成 COVID-19疫苗追加劑接種，得免居家隔離(0天)，進行7天自主防疫。密切接觸者於自主防疫期間，非必要不外出，如需外出，應有2日內家用「快篩陰性」證明，並全程佩戴口罩。其他接觸者注意事項，請參考疾病管制署網站資訊。

**517新制** 為集中醫療資源照顧中重症，5/17起以篩代隔措施，從關鍵設施、醫護人員，擴及適用確診者同住家人。

<b>確診者</b> 維持 <b>7+7</b> (7天居家隔離與 7天自主健康管理)	★打滿三劑同住家人 <b>0+7</b> (得免居隔,+7天自主防疫) <small>快篩陰性得上班、外出採買，<b>禁止</b>至人潮擁擠處及聚餐。</small>
	★未打滿三劑同住家人 <b>3+4</b> (3天居家隔離與 4天自主防疫)

中央流行疫情指揮中心

2022/05/16 17:30更新版

COVID-19民眾注意事項 (含確診個案、接觸者、 居家照護等注意事項)	居家檢疫及居家隔離 關懷服務中心	各地方政府衛生局 聯絡資訊及網站
		

## COVID-19 confirmed cases and contacts self-response

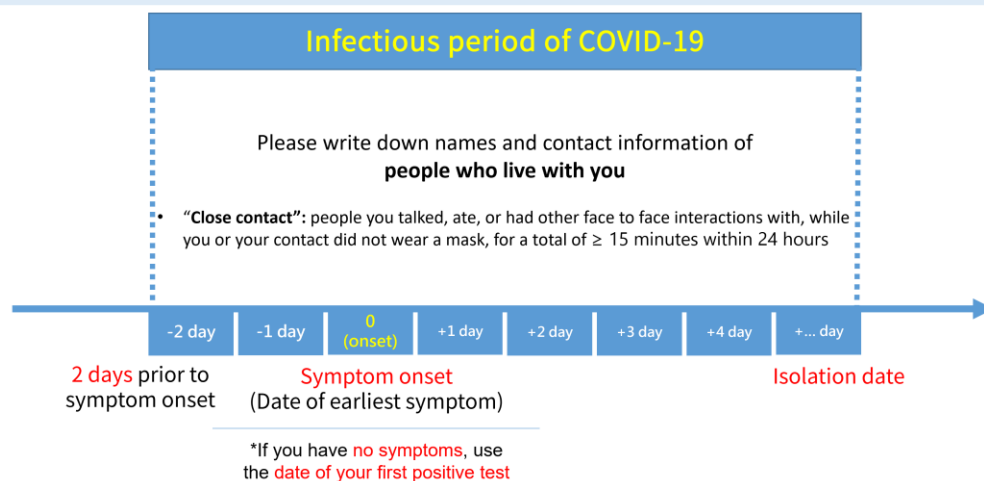
### If I have COVID-19, who are my close contacts?

It is important to tell public health workers who your close contacts are, as they may have been exposed to the virus and are at risk of infection. To protect their health and prevent further spread of COVID-19, public health workers will give them rapid antigen tests to monitor their health.

### Definition of close contacts

You could pass on the virus that causes COVID-19 to people around you from 2 days prior to symptom onset (or testing positive) to the day of your isolation. **Close contacts** are defined as individuals who had face-to-face contact with you for more than 15 minutes over a 24-hour period while either of you did not wear a mask (see Figure).

### Infectious period of COVID-19 (schematic diagram)



Note: If you tested negative by rapid antigen test or PCR during your infectious period, then your infectious period starts on the following day.

Please identify **people who live with you** during 2 days before your symptom onset (or testing positive) to the date of you being isolated.

✂ Please fill in the "**COVID-19 Contact Tracing Self-Report Form**", and provide relevant information to public health workers.

## How and what to tell my close contacts

Please inform your employer or school, so your company or school may initiate COVID-19 control measures as needed. Please ask your household contacts to stay at home for 3 days of home isolation followed by 4 days of self-initiated epidemic prevention (Day 0 is the last day the person had contact with you). During the 4-day self-initiated epidemic prevention period, your contacts should continue to practice home isolation; however, if they need to go out, your contacts must have tested negative using a rapid antigen test within 2 days. If your household contacts have been vaccinated with the COVID-19 booster vaccine (in general, having had 3 doses of COVID-19 vaccine), they may be exempted from home quarantine, but must undergo 7 days of self-initiated epidemic prevention.

For more information, please refer to the website of the Taiwan Centers for Disease Control.

<b>COVID-19 confirmed case and contact information</b>	<b>Home quarantine and isolation care center</b>	<b>Contact your local health departments</b>
		

## COVID-19 確診個案自填版疫調單

※ 您所填寫的資料均僅限用於疫情調查與接觸者追蹤。切勿洩漏個人資料給無

法確認身分之不明人士，如有相關疑問，請洽各地方政府衛生局。

※ The information you provide is only used for COVID 19 case investigation. Do not disclose personal information to unknown persons. If you have any questions, please contact the public health bureau.

### 1. 基本資料 | General information

姓名 Name		年齡 Age (years)	
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	職業或身分別 Occupation	
身分證字號 ID or ARC Number	(或護照號碼、居留證號碼)	手機號碼 Cell phone number	
指定訊息代收人或法定代理人姓名 Designated person or legal guardian to receive messages	<input type="checkbox"/> 同本人 Myself	指定訊息代收人或法定代理人手機號碼 Cell phone number for designated person or legal guardian to receive messages	<input type="checkbox"/> 同本人 As above
居住地址 Address	_____ 縣/市 County/City _____ 鄉鎮市區 Township/City/District, 道路或街名 Street address: _____		
工作或就學的公司/學校名稱及地址 Name and address of workplace or school			
(1)	名稱 Name : _____ _____ 縣/市 County/City _____ 鄉鎮市區 Township/City/District, 道路或街名 Street address: _____		
(2)	名稱 Name : _____ _____ 縣/市 County/City _____ 鄉鎮市區 Township/City/District, 道路或街名 Street address: _____		

(3)	名稱 Name : _____  _____ 縣/市 County/City _____ 鄉鎮市區 Township/City/District,  道路或街名 Street address: _____
您目前的隔離 所在地點 Your current isolation location	<input type="checkbox"/> 居家照護隔離 Home isolation; <input type="checkbox"/> 同居住地址 Same as residential address (如您的居家照護地址與居住地址不同，請於下方填寫您的居家照護 隔離地址 If your home isolation address is different from your residential address, please specify your home isolation address below )  _____ 縣/市 County/City _____ 鄉鎮市區 Township/City/District,  道路或街名 Street address: _____  <input type="checkbox"/> 住院中 Hospitalization , 醫院名稱 Name of hospital : _____  <input type="checkbox"/> 加強型集中檢疫所或防疫旅館 Enhanced group quarantine site , 名稱 Name of quarantine site : _____

2. 您最早出現症狀的日期 (發病日) 或您最早檢驗陽性的日期 (陽性日)  
**What date did your symptoms begin? Or, what date did you first test positive for COVID-19?**

(西元) \_\_\_\_\_ 年 year \_\_\_\_\_ 月 month \_\_\_\_\_ 日 day

3. 密切接觸者 (最早出現症狀或檢驗陽性日的前兩天到被隔離前這段期間)  
**Close contacts during your infectious period (2 days before symptom onset or testing positive to when you were isolated)**

(1) 您的同住家人或親友 | **People living in the same household**

- 沒有 None ;  有 Yes , 請自行先依附件格式填寫同住親友名冊  
**(Please use the attached form to fill in the name and contact information of people in the same household)**

(2) 您在職場或學校 (包含補習班或安親班) 的聯絡窗口 | **Contact**

- information of your workplace or school (including afterschool programs)**  
 沒有 None

姓名或 單位名稱 Name of person or place	類別 Type (請勾選) (Tick)	聯絡窗口 電子信件 Contact Email	聯絡窗口 手機號碼 Contact Cell phone number
	<input type="checkbox"/> 職場 Workplace <input type="checkbox"/> 學校 School		
	<input type="checkbox"/> 職場 Workplace <input type="checkbox"/> 學校 School		
	<input type="checkbox"/> 職場 Workplace <input type="checkbox"/> 學校 School		

(3) 您曾去過的醫療照護院所（包含牙醫診所、中西醫診所、急診、醫院、長照機構） | **Healthcare facilities you had visited** (including dentists, traditional medicine or western medicine clinics, emergency rooms, hospitals, long term care facilities)

沒有 None

日期 (月/日) Date (month/day)	醫療照護院所名稱 Name of healthcare facility

4. 您是否有慢性疾病或懷孕？（可複選） | **Do you have any of the following chronic illnesses? Are you pregnant? (Choose all that apply)**

沒有 No

心血管疾病（高血壓除外）  
Cardiovascular diseases (other than high blood pressure)  
 高血壓 High blood pressure  
 糖尿病 Diabetes mellitus

氣喘 Asthma  
 慢性肺部疾病（氣喘除外）  
Chronic lung diseases (other than asthma)

肥胖 Obesity (BMI  $\geq$  30) (BMI=[體重 kg $\div$ 身高 m<sup>2</sup>])  
 代謝性疾病（如：高血脂等；糖尿病除外） Metabolic diseases other than diabetes mellitus (e.g. hyperlipidemia, etc)

肝臟疾病（如：肝炎、肝硬化）  
Chronic liver disease (e.g. hepatitis, cirrhosis, etc)  
 腎臟疾病（如：慢性腎功能不全、長期接受洗腎[血液或腹膜透析]） Kidney diseases (chronic renal insufficiency, receiving hemodialysis)

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<input type="checkbox"/> 仍在治療中或未治癒的癌症 cancer under active treatment	or peritoneal dialysis)
<input type="checkbox"/> 免疫低下狀態 Weakened immune system	<input type="checkbox"/> 懷孕 pregnant，懷孕週數 <b>weeks</b> : _____
<input type="checkbox"/> 神經肌肉疾病 Neuromuscular diseases	<input type="checkbox"/> 生產後六週內 within 6 weeks post-partum
<input type="checkbox"/> 精神疾病 Mental health conditions	

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其他 Others : \_\_\_\_\_

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5. **疫苗接種史 Vaccination history**

您是否曾接種 COVID-19疫苗？ Have you been vaccinated against COVID-19?

No      Yes, 總共接種 I received \_\_\_\_\_劑 doses



附件、同住親友名冊 Attachment: People in my household

姓名 Name	身分證 字號 ID number	出生日期 (年/月/日) Date of Birth (YYYY/MM /DD)	自有手 機號碼 Cell phone number	已完成 COVID-19疫苗 追加劑 (第三劑) 且 採自主防疫** Already had COVID-19 vaccine booster (third dose) and will undergo self-initiated epidemic prevention**	指定訊息 代收人或法定代理 人 姓名* Name of designated person or legal guardian to receive messages	指定訊息 代收人或法定代理 人 手機號碼* Cell phone number of designated person or legal guardian to receive messages	最後一次接 觸日期 (月/日) Date of last contact (MM/DD)	居住地址 Address of residence	隔離地址 Address for home isolation
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No					
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No					
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No					

\* 依行政程序法§22及§69規定，對於未成年人(<20歲)，處分書應向其法定代理人為送達，此兩欄位用於未成年者(<20歲)發送之電子居隔書發送對象。若隔離者沒有手機，請其指定代收人(並經其同意後)，代為接收處分書，並填入其姓名及電話於此欄位。

\*\* 勾選此項目將採自主防疫，不開立居家隔離通知書;未勾選者會收到居家隔離通知，適用3+4居家隔離。If you tick this box, you will undergo 7 days of self-initiated epidemic prevention and will not receive a home isolation notice; if you tick this box, you will need to undergo 3 days of home isolation followed by 4 days of self-initiated epidemic prevention and will receive a home isolation notice.