防範新型冠狀病毒肺炎健康聲明書

Novel Coronavirus Health Declaration Card

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| 因應新型冠狀病毒肺炎疫情，參酌我國疾病管制署之防疫建議， 請各位貴賓配合填寫健康聲明書。 | | | | | |
| Please cooperate with the epidemic prevention measures of COVID-19 by CDC and fill out the health declaration | | | | | |
| * 14日(含)內本人或其同住親屬，自其他國家（地區）入境台灣者，或因政府相關公告須依規定進行居家檢疫或自主健康管 理者，依照防疫規定辦理。 | | | | | |
| Please follow the epidemic prevention regulations if you or the relative you live with entered Taiwan from other countries(regions) within 14 days required by the government for home quarantine or self-health management. | | | | | |
| * 配合學校校園健康安全管理，進入校園需量測體溫，若額溫≧37.5度者，將被禁止進入校園；入校期間請配戴口罩，保持 社交距離。 | | | | | |
| Under TSU health and safety management, everyone has to take body temperature at the entrance. Please do not enter the campus if your forehead temperature is over 37.5 degrees. Be sure to wear masks and maintain social distance at all times. | | | | | |
| 當您開始填寫，即表示您會盡您所知完整回答所有問題，且確認所有您在此提供的資料皆為真實且準確。 | | | | | |
| When you start to fill out, it means that you answer all the questions to your best knowledge and confirm all the information you provide is true and accurate. | | | | | |
| **姓名** |  | | **身分證號碼或居留證號碼** | |  |
| **Name** | **ID card NO./ Residence permit NO.** | |
| **生理性別** | □男 Male | | **電話** | Telephone |  |
| **Physiological Gender** | □女 Female | |  |  |
| **請問您過去14天是否有發燒、咳嗽或呼吸急促症狀?(已服藥者亦須填「是」)** | | | | | |
| **During the past 14 days, have you had fever, cough, or short of breath?** | | | | | |
| **(for those who have taken medicines, please answer ''Yes'')** | | | | | |
| □ 是 Yes | | □ 發燒 |  | □ 咳嗽 | □ 呼吸急促 □其他 |
| Fever |  | Cough | Shortness of breath Others |
| □ 否 NO | |  | | | |
| **近14天是否曾入境或過境其他國家或地區?** | | | | | |
| **During the past 14 days, have you been to the following regions?** | | | | | |
| □ 是 Yes | | Country or regions : | | | |
| □ 否 NO | |  | | | |
| **近14天是否去過政府公告之區域需要居家檢疫或自主健康管理?** | | | | | |
| **Last 14 days , have you been to any government-announced region that requires home quarantine or self-health ?** | | | | | |
| □ 是 Yes | |  | | | |
| □ 否 NO | |  | | | |
| 簽名 Signature | |  | | | |
| 日期 Date | | 年YYYY |  | 月MM | 日DD |
| 備註 |  |  |  |  |  |
| 1.提醒大家勤洗手、保持良好咳嗽禮節(打噴嚏、咳嗽須掩住口、鼻）、衛生習慣(擤鼻涕後要洗手)及妥善處理口鼻分泌物等）。 | | | | | |
| Please wash hands frequently and maintain proper cough etiquette (covering up mouth and nose when sneezing or coughing), hygienic habits (washing hands after blowing nose), and adequately handling mouth/nose secretions. | | | | | |
| 2.如活動當天有發燒或呼吸道症狀不適者，請主動告知工作人員或通知衛生保健組協助處理。 | | | | | |
| If you develop symptoms such as fever, cough or discomfort, please inform any school staff or Health Services  Division | | | | | |