

國立中正因應嚴重特殊傳染性肺炎健康關懷問卷

(110年11月1日版)

您好，為因應「嚴重特殊傳染性肺炎」疫情，本校十分關心您的健康，多一分準備，多一分安心。為了提供您最好的後續照顧，請協助我們填寫下列資料，並詳細閱讀注意事項。Dear all, due to the outbreak of COVID-19, please fill out this form upon your arrival and read the instructions below carefully. Thank you.

一、基本資料：

Basic information：

- 1、姓名 Name：_____
- 2、手機號碼 Phone number：_____
- 3、本校邀請系所/單位 Dept./Graduate School/Unit：_____
- 4、電子信箱 E-mail：_____

二、出入境旅遊史與「嚴重特殊傳染性肺炎」有關接觸史與症狀：

Traveling Histories before coming semester and Symptoms related to COVID-19？

- 1、最近 14 天內，您是否有出入境史？

Have you ever been abroad in the last 14 days?

否 No 是 Yes 國家/country：

- 2、最近 14 天內，您是否出現以下症狀？Health symptom(s) experienced in the past 14 days？

否 No

發燒 (額溫 $\geq 37.5^{\circ}\text{C}$ 或耳溫 $\geq 38^{\circ}\text{C}$) Fever (forehead temperature $\geq 37.5^{\circ}\text{C}$, ear temperature $\geq 38^{\circ}\text{C}$)

咳嗽 Cough

喉嚨痛 Sore throat

流鼻水 Runny nose

呼吸急促 Short of Breath、呼吸困難 Dyspnea

肌肉痠痛 Muscle soreness、關節痠痛 Joint pain

四肢無力 General fatigue

味覺或嗅覺失調或消失 Disorder or disappearance of taste or smell

腹瀉 diarrhea (一天內有腹瀉三次以上)

其他 other：

- 3、最近 14 天內您是否因嚴重特殊傳染性肺炎，被衛生主管機關列為防疫管制對象？

Are you listed as a monitored individual for COVID-19 prevention by health units in the past 14 days？

否 No 是 Yes

- 4、您或您的同住家人是否曾與嚴重特殊傳染性肺炎確診病例有接觸？

Have you and your housemates ever been in any physical contact with any confirmed COVID-19 case?

否 No 是 Yes

5、最近 14 天內是否有接觸家人、親友自國外返臺？

Have you had any contact with your family, relatives or friends returning to Taiwan from abroad in the past 14 days?

否 No 是 Yes

6、最近 14 天內，您是否曾經到過中央流行疫情指揮中心或縣市政府公告所列確診者相同時間和場所？

In the past 14 days, have you ever been to places at the time same as any confirmed cases which are listed and announced by the Central Epidemic Command Center or the county and city government?

否 No

是 Yes，請問地點/ please specify the location: _____

三、請詳細閱讀以下注意事項，配合各項防疫措施，並且簽名：

1. 個資蒐集告知聲明事項：本校係依相關醫療及防疫法令，基於公衛或傳染病防治及其他法定義務之目的蒐集、處理、利用您的個人資料，您可依個人資料保護法第三條規定行使相關權利；本校將依個人資料保護法就您的個人資料進行妥善保護，本表將由本校保存 28 天後進行銷毀。According to the Medical Care Act and relevant epidemic prevention regulation, National Chung Cheng University (CCU) will collect, process and use the above personal data to meet the purpose of public health and communicable disease control, health and medical services and the other legal duties. You are entitled to exercise the related rights according to Article 3 of Personal Data Protection Act. CCU will properly protect the above personal data in accordance with Personal Data Protection Act. This form will be stored and destroyed by CCU after 28 days. You have consented and understood the purpose of collection, processing and use of the personal data from CCU.
2. 您已閱讀過以上內容，且願意配合防疫措施及個人資料之提供。I have read the above instructions and be willing to cooperate.

簽名 Signature：

填寫日期 Date： 年 (Y) 月 (M) 日 (D)