

送達時間：年 月 日 時 分

Date：____/____/____/____/____ (YYYY/MM/DD/hh/mm)

_____ (市) 政府法定傳染病解除隔離治療通知書

_____ (City/County) Department of Health

Notice for Release from Isolation Treatment

2020.04.24

受文者： (君、醫療(事)機構)	
Addressee：	
報告醫院 Reporting Hospital	診斷醫師 Reporting Doctor
病患姓名 Name of Patient	身分證字號/護照號碼 Citizen ID /Passport No.
地址 Addressee：	
台端經 _____ 醫院通報自 _____ 年 _____ 月 _____ 日起，無繼續隔離治療必要。如台端有任何疑問或需要協助的地方，可致電 _____ (衛生局、所)。感謝您的合作。 According to the report issued by _____ Hospital, you can be released from isolation on _____/____/____ (YYYY/MM/DD). If you have further questions or assistance needed, please call _____ (Department of Health or Health Center). Thanks for your cooperation!	
中華民國 _____ 年 _____ 月 _____ 日 Date：____/____/____ (YYYY/MM/DD)	(戳記) (Stamp)

註：一、依據傳染病防治法第四十四條、第四十五條規定辦理。

二、違反主管機關依傳染病防治法第四十四條、第四十五條或第六十九條規定處罰。

三、本件依權責劃分授權縣市政府辦理。

- <Note>：1. The aforementioned measure is imposed in accordance with Articles 44, 45 of the Communicable Disease Control Act.
2. Those who violate related regulations will be penalized according to Articles 44, 45 and 67 of the Communicable Disease Control Act.
3. The county and city governments are authorized to handle this case according to the respective authority and responsibility.

簽收單

Acknowledgement Receipt

本人（醫療機構）於中華民國 年 月 日接獲 縣（市）政府

函知 _____ 君無繼續隔離治療必要之法定傳染病解除隔離治療通知書。

I have (This Hospital has) received the Notice for Release from Isolation Treatment issued by the county/ city government that Mr. / Ms. _____ does not need to be isolated for treatment on ____/____/____ (YYYY/MM/DD).

簽收人（簽章）：

簽收時間： 年 月 日 時 分

Recipient (signature) :

Date : ____/____/____/ / (YYYY/MM/DD/hh/mm)