

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

_____(City/County) Department of Health

Notice for Release from Isolation Treatment

2020.04.24

Addressee :			
Reporting Hospital		Reporting Doctor	
Name of Patient		Citizen ID /Passport No.	
Address			
<p>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).</p> <p>Thanks for your cooperation!</p>			
Date : ____/____/____ (YYYY/MM/DD)		(Stamp)	

- <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.

Acknowledgement Receipt

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).

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。

Recipient (signature) :

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