

## COVID-19 自費檢驗報告授權同意書(範例)

本人\_\_\_\_\_同意採檢醫院\_\_\_\_\_醫院將

COVID-19 自費檢驗報告先行傳真\_\_\_\_\_衛生局，以利衛生局進行審核居家檢疫縮短天數作業。

同意人簽章：\_\_\_\_\_

身分證／居留證／護照號碼：\_\_\_\_\_

民國\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

簽署完成請回傳\_\_\_\_\_衛生局

## COVID-19 Testing Report Authorization and Consent Form

I \_\_\_\_\_ agree that the testing hospital \_\_\_\_\_ could fax the COVID-19 testing report at my own expense to \_\_\_\_\_ health bureau to verify the application for shortening days of home quarantine.

Signature: \_\_\_\_\_

ID: \_\_\_\_\_

Date: \_\_\_\_\_ ( year/month/day )

Please return to \_\_\_\_\_ health bureau after signing.