

編號：

# 國籍航空公司機組員 入境健康聲明暨居家檢疫通知書

2021.04.15 三版

## COVID-19 Health Declaration and Home Quarantine Notice for Crew Members of Taiwanese Airlines

姓名(本人或法定代理人親填) Name (Signed by the informed case or legal representative)	身分證/護照號碼 ID card No./ Passport No.	
國籍 Nationality <input type="checkbox"/> 中華民國 R.O.C. (Taiwan) <input type="checkbox"/> 中國大陸 China <input type="checkbox"/> 澳門 Macao <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他國籍 Other Nationality	性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 Other	航/船班 Flight No./ Vessel Name
1. 過去 14 天內是否有發燒、呼吸道症狀(咳嗽、呼吸急促等)或以下症狀(已服藥者亦須填「是」)? Have you had fever, respiratory symptoms(cough, shortness of breath, etc.) or following symptoms during the past 14 days? (for those who had taken medications, please answer "Yes") <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes: <input type="checkbox"/> 發燒 Fever <input type="checkbox"/> 咳嗽 Cough <input type="checkbox"/> 流鼻水/鼻塞 Runny/ stuffy nose <input type="checkbox"/> 呼吸急促 Shortness of breath <input type="checkbox"/> 腹瀉 Diarrhea <input type="checkbox"/> 嗅、味覺異常 Loss of smell or taste <input type="checkbox"/> 全身倦怠 Malaise <input type="checkbox"/> 四肢無力 Limb weakness		
2. 過去 14 天內是否曾接觸疑似或確診 COVID-19 之病人? Have you contacted any suspected or confirmed COVID-19 case during the past 14 days? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
3. 請填列過去 14 天內曾去過的所有國家(含港澳地區)Please fill in all countries (including Hong Kong and Macao) you have been to during the past 14 days.		
(1)	(2)	(3)

依據臺灣法令規定，您為居家檢疫對象，請遵守以下規定：

- 一、抵臺後全程佩戴口罩，儘速前往居家檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅館時，主動出示本通知書收執聯。
- 二、留在居家檢疫住所不外出，亦不得出境或出國。
- 三、自主詳實記錄體溫及健康狀況及配合必要之關懷追蹤機制(包含持臺灣手機門號進行個人活動範圍之電子監督，該等個人資料沿用至自主健康管理期滿，並於結束後 28 天銷毀)。
- 四、若同住者有老年人(≥65 歲)、幼童(≤6 歲)、慢性疾病患者(如心血管疾病、糖尿病或肺部疾病等)，或個人無單獨房間(含衛浴)者，應至防疫旅館完成居家檢疫。
- 五、如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴口罩，立即通報所屬航空公司，並主動與當地衛生局聯繫(或撥 1922)，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。

According to laws and regulations in Taiwan, you are required to take home quarantine and abide by the following requirements:

1. After arriving in Taiwan, you must wear a face mask all the time and go to the quarantine location as soon as possible. Do not take public transportation. Please present this notice voluntarily upon getting in a designated transport vehicle and checking in at the quarantine hotel.
2. Stay at home quarantine residence; do not go outside or go abroad.
3. Please record your body temperature and health status, and cooperate with caring and tracking measures (including using Taiwan's cell phone signals to implement electronic monitoring of your location; such personal data will continue to be used until the expiration of self-health management period and will be destroyed 28 days after the end of that period).
4. You are required to stay at a quarantine hotel to undergo home quarantine if you don't have a separate room (including a separate bathroom) or if you live with elderly people 65 years old or older, children 6 years old or under, or persons with chronic diseases (such as cardiovascular disease, diabetes or lung disease, etc.).
5. If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, report to your airline company immediately and contact with the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital.

※ According to Subparagraph 2, Paragraph 1, Article 58 of the Communicable Disease Control Act, individuals who declare dishonestly will be fined ranging from NTS 10,000 to NTS150,000. Individuals who refuse, evade, or obstruct regulations specified in this notice will be fined ranging from NTS 100,000 to NTS1,000,000 according to Subparagraph 4, Paragraph 1, Article 58 of the Act.

※ 依傳染病防治法第 58 條第 1 項第 2 款，機組員應詳實填寫本通知書，填寫不實者處新臺幣 1 萬至 15 萬元罰鍰。另依同條項第 4 款，拒絕、規避或妨礙本通知書所列規定者，處新臺幣 10 萬至 100 萬元罰鍰。

檢疫起始日：___年___月___日(工作人員填)	Home quarantine starts on ___/___/___(y/m/d) (To be filled out by Staff)
檢疫結束日：___年___月___日 24 時	Home quarantine ends on ___/___/___(y/m/d)24:00 (To be filled out by Staff)
自有手機 Personal Cellular phone _____	(其他手機號碼 Other Cellular phone)
市話 Landline _____	
居家檢疫住所及地址 Home quarantine residence and address	
<input type="checkbox"/> 自宅或親友住所等 Home or other residence <input type="checkbox"/> 防疫旅館 Quarantine hotel <input type="checkbox"/> 公司安排宿舍 Company dormitories	
____縣/市____鄉/鎮/市/區____街/路____段____巷____弄____號____樓之____室	
Address: (Room)____, _____(Floor), (Number)____, (Alley)____, (Lane)____, (Section)____, _____(Street/Road), _____(Township/City/District), _____(County/City)	
預計自機場返家方式(如臨時變更方式，請至防疫車隊處登記)	
How to travel back home from the airport (If there is a change, please inform the information counter of designated transport vehicle)	
<input type="checkbox"/> 親友接送/自行駕車 Pick-up by relatives or friends/drive yourself	
<input type="checkbox"/> 防疫車隊 Designated transport vehicle	<input type="checkbox"/> 公司安排專車 Car arranged by company
填發單位 Competent authority	
衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)	
	
日期：___年___月___日(工作人員填)	Date : ___/___/___ (yyyy/mm/dd) (To be filled out by Staff)

第一聯 機關存查聯(藍色)，第二聯 收執聯(白色)

## 其他居家檢疫期間應遵守事項

- 一、應儘量與家人分開居住，共同生活者須一同採取適當防護措施，包括佩戴口罩、良好衛生習慣，並應保持適當距離(1公尺以上)，不可共食。
- 二、應儘量避免非必要之訪客拜訪，若有訪客進入家中時，禁止從事近距離或群聚型之活動，如從事業務、近距離派對、遊戲、賭博或其他相類似之活動。
- 三、請維持手部衛生，使用肥皂或其他清潔用品勤洗手。
- 四、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 五、其他居家檢疫相關規範，請遵循衛生福利部公告之「居家隔離及居家檢疫對象應遵守及注意事項」。
- 六、居家檢疫期滿且 COVID-19 採檢陰性者，請繼續「**機組員自主健康管理 11 天(檢疫結束日+11 天)**」。

## Rules for person in home quarantine period.

1. You should live separately from your family. People who live with you must take appropriate protective measures, including wearing medical masks, keeping good hygiene habits, and maintaining an appropriate distance of at least one meter. Do not dine together.
2. Avoid nonessential visits to your home as much as possible. If a visitor enters your home, do not engage in close proximity or group activities, such as parties, group games, gambling or other similar activities.
3. Please keep hand hygiene and wash your hands frequently with soap or other cleaning supplies.
4. For mental health services, please call the 24-hour toll-free hotline, 1925.
5. For other home quarantine related regulations, please follow the notes for people in home isolation and home quarantine issued by the MOHW.
6. After your home quarantine period ends and you test negative for COVID-19, please continue observing the Self-Health Management for Crew Members for 11 days (additional 11 days following the end of the home quarantine period).

## 機組員自主健康管理期間應遵守事項

- 一、維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手及澈底洗淨。
- 二、於自主健康管理期間，每日早/晚各量體溫一次、詳實記錄體溫、健康狀況及活動史，並配合所屬航空公司關懷追蹤機制。
- 三、如沒有出現任何症狀，可正常生活，必須外出時，請一定嚴格遵守全程正確佩戴口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。
- 四、禁止與他人從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似之活動。
- 五、禁止前往醫院陪病；若無嚴重特殊傳染性肺炎相關症狀如發燒、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀者，可依「開放民眾自費檢驗 COVID-19(武漢肺炎)申請規定」採檢陰性後探病。
- 六、非急迫性需求之醫療或檢查應延後，倘有急迫性需求之醫療或檢查，應主動與當地衛生局聯繫，或撥 1922，依指示方式就醫。
- 七、若出現嚴重特殊傳染性肺炎相關症狀如發燒( $\geq 38^{\circ}\text{C}$ )、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀，或曾就醫後症狀加劇必須再度就醫，應主動與當地衛生局聯繫，或撥 1922，依指示方式儘速就醫，前往就醫時禁止搭乘大眾運輸工具。就醫時應主動告知醫師接觸史、旅遊史、居住史、職業別、以及身邊是否有其他人有類似的症狀。此外，須主動通報所屬航空公司，暫停派飛。
- 八、就醫後若經通報為嚴重特殊傳染性肺炎個案，並經醫療院所安排採檢，於接獲檢查結果通知前，應留在住居所中，不可外出，如檢驗結果陽性，地方政府衛生局將會通知您及安排就醫。獲知檢驗結果為陰性後，仍需自主健康管理至期滿。
- 九、有症狀時應在住居所中休養，並佩戴口罩，禁止外出，與他人交談時，應佩戴口罩，並保持 1 公尺以上距離。當口罩沾到口鼻分泌物時，應立即更換並內摺丟進垃圾桶。
- 十、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 十一、如未確實遵守上述各項規定，係違反「傳染病防治法」第 58 條第 1 項第 3 款，將依同法第 69 條處新臺幣 1-15 萬元罰鍰。

## Rules for the Self-Health Management for Crew Members.

1. Please keep your hands clean. You should wash your hands with soap or alcohol-based hand sanitizers frequently. In addition, please refrain from touching your eyes, nose and mouth with your hands. If your hands touch any secretions from your respiratory tract, please wash your hands with soap and water thoroughly.
2. During the self-health management, please record your temperature, health status, and daily activities twice a day (morning and evening) correctly. Please cooperate with caring and tracking measures issued by your airline company.
3. During the period, if you have no symptoms, you can live normally. When you go out, you must wear a medical mask all the time, and avoid going to places where social distancing (indoor 1.5 meters, outdoor 1 meter) is difficult to maintain and close contact with random people is highly likely.
4. Do not engage in close proximity or group activities, such as dining together, parties, public gatherings or other similar activities.
5. You are not allowed to accompany a sick person to the hospital. If you do not experience any COVID-19 symptoms, such as fever, cough, diarrhea, loss of smell and taste or respiratory symptoms, you may visit a patient in the hospital after you apply for a self-paid test according to the Rules for Applying out-of-pocket COVID-19 PCR Test and test negative for COVID-19.
6. Postpone all non-essential or non-urgent medical care or examinations. If you have urgent medical care or examinations, you must contact the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention.
7. If you experience COVID-19 symptoms, such as fever( $\geq 38^{\circ}\text{C}$ ), cough, diarrhea, loss of smell/taste or other discomfort, or your symptoms become worse after seeking medical attention, please contact the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital. Please voluntarily inform your physician of your contact history, travel history, residence history, occupational exposure, and whether anyone else has similar symptoms. Moreover, you must immediately report to your airline company and temporarily discontinue your flight duties.
8. After you seek medical care, if you have been reported as a suspected COVID-19 case and tested for COVID-19 in the hospital, please stay at home and do not go outside before you receive your test result. If your test result comes back positive, the local health authority will inform you and help you seek medical attention. You are still required to conduct self-health management for 14 days even if you test result comes back negative.
9. During illness, please rest at home, wear a medical mask and do not go outside. When talking with others, you should wear a medical mask and keep a distance of more than 1 meter. If your mask is contaminated by secretions of nose or mouth, please fold it and throw it into the trash immediately.
10. For mental health services, please call the 24-hour toll-free hotline, 1925.
11. Those who flout the self-health management regulations will violate Subparagraph 3, Paragraph 1, Article 58 of the Communicable Disease Control Act, and be fined NT\$10,000 up to NT\$150,000 in accordance with Article 69 of the Communicable Disease Control Act.

編號：

# 國籍航空公司機組員 入境健康聲明暨居家檢疫通知書

2021.04.15 三版

## COVID-19 Health Declaration and Home Quarantine Notice for Crew Members of Taiwanese Airlines

姓名(本人或法定代理人親填) Name (Signed by the informed case or legal representative)	身分證/護照號碼 ID card No./ Passport No.	
國籍 Nationality <input type="checkbox"/> 中華民國 R.O.C. (Taiwan) <input type="checkbox"/> 中國大陸 China <input type="checkbox"/> 澳門 Macao <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他國籍 Other Nationality	性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 Other	航/船班 Flight No./ Vessel Name
1. 過去 14 天內是否有發燒、呼吸道症狀(咳嗽、呼吸急促等)或以下症狀(已服藥者亦須填「是」)? Have you had fever, respiratory symptoms(cough, shortness of breath, etc.) or following symptoms during the past 14 days? (for those who had taken medications, please answer "Yes") <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes: <input type="checkbox"/> 發燒 Fever <input type="checkbox"/> 咳嗽 Cough <input type="checkbox"/> 流鼻水/鼻塞 Runny/ stuffy nose <input type="checkbox"/> 呼吸急促 Shortness of breath <input type="checkbox"/> 腹瀉 Diarrhea <input type="checkbox"/> 嗅、味覺異常 Loss of smell or taste <input type="checkbox"/> 全身倦怠 Malaise <input type="checkbox"/> 四肢無力 Limb weakness		
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3. 請填列過去 14 天內曾去過的所有國家(含港澳地區)Please fill in all countries (including Hong Kong and Macao) you have been to during the past 14 days. (1) _____ (2) _____ (3) _____		

依據臺灣法令規定，您為居家檢疫對象，請遵守以下規定：

- 一、抵臺後全程佩戴口罩，儘速前往居家檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅宿時，主動出示本通知書收執聯。
- 二、留在居家檢疫住所不外出，亦不得出境或出國。
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- 五、如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴口罩，立即通報所屬航空公司，並主動與當地衛生局聯繫(或撥 1922)，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。

According to laws and regulations in Taiwan, you are required to take home quarantine and abide by the following requirements:

1. After arriving in Taiwan, you must wear a face mask all the time and go to the quarantine location as soon as possible. Do not take public transportation. Please present this notice voluntarily upon getting in a designated transport vehicle and checking in at the quarantine hotel.
2. Stay at home quarantine residence; do not go outside or go abroad.
3. Please record your body temperature and health status, and cooperate with caring and tracking measures (including using Taiwan's cell phone signals to implement electronic monitoring of your location; such personal data will continue to be used until the expiration of self-health management period and will be destroyed 28 days after the end of that period).
4. You are required to stay at a quarantine hotel to undergo home quarantine if you don't have a separate room (including a separate bathroom) or if you live with elderly people 65 years old or older, children 6 years old or under, or persons with chronic diseases (such as cardiovascular disease, diabetes or lung disease, etc.).
5. If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, report to your airline company immediately and contact with the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital.

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檢疫起始日：____年____月____日(工作人員填)	Home quarantine starts on ____/____/____(y/m/d) (To be filled out by Staff)
檢疫結束日：____年____月____日 24 時	Home quarantine ends on ____/____/____(y/m/d)24:00 (To be filled out by Staff)
自有手機 Personal Cellular phone _____	(其他手機號碼 Other Cellular phone)
市話 Landline _____	
居家檢疫住所及地址 Home quarantine residence and address	
<input type="checkbox"/> 自宅或親友住所等 Home or other residence <input type="checkbox"/> 防疫旅宿 Quarantine hotel <input type="checkbox"/> 公司安排宿舍 Company dormitories	
____縣/市____鄉/鎮/市/區____街/路____段____巷____弄____號____樓之____室	
Address: (Room)____, ____ (Floor), (Number)____, (Alley)____, (Lane)____, (Section)____, ____ (Street/Road), ____ (Township/City/District), ____ (County/City)	
預計自機場返家方式(如臨時變更方式，請至防疫車隊處登記)	
How to travel back home from the airport (If there is a change, please inform the information counter of designated transport vehicle)	
<input type="checkbox"/> 親友接送/自行駕車 Pick-up by relatives or friends/drive yourself	
<input type="checkbox"/> 防疫車隊 Designated transport vehicle	<input type="checkbox"/> 公司安排專車 Car arranged by company
填發單位 Competent authority	
衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)	
<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">單位章戳 Stamp</span> </div>	
日期：____年____月____日(工作人員填)	Date : ____/____/____ (yyyy/mm/dd) (To be filled out by Staff)

第二聯 收執聯 (藍色)，第二聯 收執聯 (白色)

## 其他居家檢疫期間應遵守事項

- 一、應儘量與家人分開居住，共同生活者須一同採取適當防護措施，包括佩戴口罩、良好衛生習慣，並應保持適當距離(1公尺以上)，不可共食。
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- 三、請維持手部衛生，使用肥皂或其他清潔用品勤洗手。
- 四、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 五、其他居家檢疫相關規範，請遵循衛生福利部公告之「居家隔離及居家檢疫對象應遵守及注意事項」。
- 六、居家檢疫期滿且 COVID-19 採檢陰性者，請繼續「機組員自主健康管理 11 天(檢疫結束日+11 天)」。

## Rules for person in home quarantine period.

1. You should live separately from your family. People who live with you must take appropriate protective measures, including wearing medical masks, keeping good hygiene habits, and maintaining an appropriate distance of at least one meter. Do not dine together.
2. Avoid nonessential visits to your home as much as possible. If a visitor enters your home, do not engage in close proximity or group activities, such as parties, group games, gambling or other similar activities.
3. Please keep hand hygiene and wash your hands frequently with soap or other cleaning supplies.
4. For mental health services, please call the 24-hour toll-free hotline, 1925.
5. For other home quarantine related regulations, please follow the notes for people in home isolation and home quarantine issued by the MOHW.
6. After your home quarantine period ends and you test negative for COVID-19, please continue observing the Self-Health Management for Crew Members for 11 days (additional 11 days following the end of the home quarantine period).

## 機組員自主健康管理期間應遵守事項

- 一、維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手及澈底洗淨。
- 二、於自主健康管理期間，每日早/晚各量體溫一次、詳實記錄體溫、健康狀況及活動史，並配合所屬航空公司關懷追蹤機制。
- 三、如沒有出現任何症狀，可正常生活，必須外出時，請一定嚴格遵守全程正確佩戴口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。
- 四、禁止與他人從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似之活動。
- 五、禁止前往醫院陪病；若無嚴重特殊傳染性肺炎相關症狀如發燒、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀者，可依「開放民眾自費檢驗 COVID-19(武漢肺炎)申請規定」採檢陰性後探病。
- 六、非急迫性需求之醫療或檢查應延後，倘有急迫性需求之醫療或檢查，應主動與當地衛生局聯繫，或撥 1922，依指示方式就醫。
- 七、若出現嚴重特殊傳染性肺炎相關症狀如發燒( $\geq 38^{\circ}\text{C}$ )、咳嗽、腹瀉、嗅味覺異常或呼吸道症狀，或曾就醫後症狀加劇必須再度就醫，應主動與當地衛生局聯繫，或撥 1922，依指示方式儘速就醫，前往就醫時禁止搭乘大眾運輸工具。就醫時應主動告知醫師接觸史、旅遊史、居住史、職業別、以及身邊是否有其他人有類似的症狀。此外，須主動通報所屬航空公司，暫停派飛。
- 八、就醫後若經通報為嚴重特殊傳染性肺炎個案，並經醫療院所安排採檢，於接獲檢查結果通知前，應留在住居所中，不可外出，如檢驗結果陽性，地方政府衛生局將會通知您及安排就醫。獲知檢驗結果為陰性後，仍需自主健康管理至期滿。
- 九、有症狀時應在住居所中休養，並佩戴口罩，禁止外出，與他人交談時，應佩戴口罩，並保持 1 公尺以上距離。當口罩沾到口鼻分泌物時，應立即更換並內摺丟進垃圾桶。
- 十、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 十一、如未確實遵守上述各項規定，係違反「傳染病防治法」第 58 條第 1 項第 3 款，將依同法第 69 條處新臺幣 1-15 萬元罰鍰。

## Rules for the Self-Health Management for Crew Members.

1. Please keep your hands clean. You should wash your hands with soap or alcohol-based hand sanitizers frequently. In addition, please refrain from touching your eyes, nose and mouth with your hands. If your hands touch any secretions from your respiratory tract, please wash your hands with soap and water thoroughly.
2. During the self-health management, please record your temperature, health status, and daily activities twice a day (morning and evening) correctly. Please cooperate with caring and tracking measures issued by your airline company.
3. During the period, if you have no symptoms, you can live normally. When you go out, you must wear a medical mask all the time, and avoid going to places where social distancing (indoor 1.5 meters, outdoor 1 meter) is difficult to maintain and close contact with random people is highly likely.
4. Do not engage in close proximity or group activities, such as dining together, parties, public gatherings or other similar activities.
5. You are not allowed to accompany a sick person to the hospital. If you do not experience any COVID-19 symptoms, such as fever, cough, diarrhea, loss of smell and taste or respiratory symptoms, you may visit a patient in the hospital after you apply for a self-paid test according to the Rules for Applying out-of-pocket COVID-19 PCR Test and test negative for COVID-19.
6. Postpone all non-essential or non-urgent medical care or examinations. If you have urgent medical care or examinations, you must contact the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention.
7. If you experience COVID-19 symptoms, such as fever( $\geq 38^{\circ}\text{C}$ ), cough, diarrhea, loss of smell/taste or other discomfort, or your symptoms become worse after seeking medical attention, please contact the local health authorities (or call the toll-free hotline 1922) to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital. Please voluntarily inform your physician of your contact history, travel history, residence history, occupational exposure, and whether anyone else has similar symptoms. Moreover, you must immediately report to your airline company and temporarily discontinue your flight duties.
8. After you seek medical care, if you have been reported as a suspected COVID-19 case and tested for COVID-19 in the hospital, please stay at home and do not go outside before you receive your test result. If your test result comes back positive, the local health authority will inform you and help you seek medical attention. You are still required to conduct self-health management for 14 days even if you test result comes back negative.
9. During illness, please rest at home, wear a medical mask and do not go outside. When talking with others, you should wear a medical mask and keep a distance of more than 1 meter. If your mask is contaminated by secretions of nose or mouth, please fold it and throw it into the trash immediately.
10. For mental health services, please call the 24-hour toll-free hotline, 1925.
11. Those who flout the self-health management regulations will violate Subparagraph 3, Paragraph 1, Article 58 of the Communicable Disease Control Act, and be fined NT\$10,000 up to NT\$150,000 in accordance with Article 69 of the Communicable Disease Control Act.