

編號(Reference No.) : _____

嚴重特殊傳染性肺炎指定處所（居家）隔離通知書

COVID-19 Designated Residence Isolation (Home Isolation) Notice

_____先生/女士 您好：(Mr./Ms. _____) 聯絡電話(Tel) : _____

身分證號碼/護照號碼(ID/Passport No.) : _____

居住地址(Address) : _____

經衛生單位調查結果，因您為：

- 在家獲知確診者

解除隔離治療需再 7 天居家隔離之無症狀或輕症確診個案

抗原快篩陽性個案

其他：_____

依傳染病防治法第 44 條第 1 項規定，為了保護您和親友及大眾的健康與安全，請您於____年____月____日至____年____月____日期間進行指定處所/居家隔離，有關隔離之應遵守及注意事項如下：

Based on the health authority's investigation, you have been identified as

- a COVID-19 confirmed case waiting for further medical care until release from isolation

a COVID-19 confirmed case with mild or no symptoms who has been released from isolation care but require an additional 7-day self-isolation

a person with a positive COVID-19 rapid test result

other : _____

According to Paragraph 1, Article 44 of the Communicable Disease Control Act, in order to prevent the spread of the disease and protect the health and safety of your friends, family members and the public, please comply with the following regulations regarding designated residence isolation (home isolation) during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD):

一、應遵守事項

- (一) 留在家中（或嚴重特殊傳染性肺炎中央流行疫情指揮中心、地方政府指定範圍內），禁止外出，亦不得出境或出國。
- (二) 隔離期間，以 1 人 1 室（具單獨房間及衛浴）為基準；若選擇自宅或親友住所隔離者，同戶同住者日常生活仍需採取適當防護措施，包括落實佩戴口罩、遵守呼吸道衛生、勤洗手以加強執行手部衛生、保持良好衛生習慣及維持社交安全距離，且不可共食。請於隔離期間，每日早/晚各量

體溫一次，自主詳實記錄體溫及健康狀況（如後附表格），並配合提供手機門號、回復雙向簡訊健康情形等必要之關懷追蹤機制（包含以手機門號進行個人活動範圍之電子監督）。隔離之個人資料沿用至隔離或自主健康管理期滿，並於結束後 28 天銷毀。

（三）如經安排收治在指定處所（居家）或等候安排就醫期間，請您隨時注意自身健康狀況，如出現下列警示症狀時，請立即通知所在地政府衛生局（所）或撥打 1922（緊急狀況請聯繫 119）：

1. 無發燒（體溫 $<38^{\circ}\text{C}$ ）之情形下，心跳 >100 次/分鐘
 2. 喘或呼吸困難（呼吸速率 >30 次/分鐘，或血氧監測 $\leq 94\%$ ）
 3. 持續胸痛或胸悶
 4. 意識不清
 5. 皮膚、嘴唇或指甲床發青
 6. 無法進食、喝水或服藥
 7. 過去 24 小時無尿或尿量顯著減少
 8. 收縮壓 $<90\text{mmHg}$
1. Stay at home or within the area designated by the Central Epidemic Command Center (CECC) or the local government. You are prohibited from leaving the house or the designated area and leaving the country or going abroad.
 2. During the isolation period, individuals who choose to undergo isolation at home or in a relative's residence shall abide by the principle of one person per room (a separate room with a bathroom); all members of a household living in the same residence are required to take protective measures (such as wearing medical masks, maintaining good hygiene practices, keeping a social distance and not sharing food). During the period of designated residence isolation (home isolation), please record your temperature and health status twice a day (morning and evening) correctly on the attached form. Additionally, please provide your cell phone number, report your health status via two-way SMS messaging, and cooperate with other kinds of care and follow-up procedures, including using cell phone signals to implement electronic monitoring of your location, conducted by the health authority. Your personal data provided for isolation purposes will continue to be used until the expiration of the isolation or self-health management period and will be destroyed 28 days after the end of that period.
 3. Observe the changes in your symptoms. If you experience the following symptoms, such as wheezing, breathing difficulties, persistent chest pain, chest tightness, unconsciousness, blue skin, lips or nail bed, inability to eat, drink or take medicine, anuria or significant reduction in urine output in the past 24 hours, and systolic blood pressure $<90\text{mmHg}$, please make sure to wear a

medical mask and contact your local Department of Health or call the toll-free hotline 1922 immediately (call 119 for emergencies) to obtain instructions on seeking medical attention.

二、違反上述規定者，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 13 條，處 2 年以下有期徒刑、拘役或新臺幣 20 萬元以上 200 萬元以下罰金。

Those who flout the above regulations are subject to imprisonment of less than 2 years or to a fine between NT\$200,000 to NT\$2,000,000 in accordance with Article 13 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens.

三、如您為抗原快篩陽性個案，於後續 PCR 檢驗陰性解除隔離後，請繼續自主健康管理至採檢後 14 天。自主健康管理對象資訊均上傳至全民健康保險醫療資訊雲端查詢系統提示醫事人員落實「TOCC」機制，確實詢問並記錄旅遊史 (Travel history)、職業別 (Occupation)、接觸史 (Contact history) 及是否群聚 (Cluster) 等資訊，以避免院內感染群聚事件發生。相關規範請遵循衛生福利部公告之「自主健康管理對象應遵守及注意事項」，網址：<https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>。

If you test positive with a COVID-19 rapid test, after you are released from the designated residence isolation (home isolation) following a negative PCR test result, please continue to practice self-health management until the 14th day after the day of rapid testing. During the self-health management, all information on individuals practicing self-health management will be uploaded to the NHI MediCloud System to remind medical personnel to thoroughly implement the TOCC mechanism, inquiring about travel history, occupation, contact history, cluster information, and other related information to prevent nosocomial infection. Please follow the notes for people under self-health management issued by the Ministry of Health and Welfare (MOHW), available on the website:

<https://www.cdc.gov.tw/Category/NewsPage/DmymtvYDMUsWZlQwgRwTTg>.

四、違反上述自主健康管理規定者，將依傳染病防治法第 67 條裁處新臺幣 6 萬元以上 30 萬元以下罰鍰。

Those who flout the self-health management regulations will be fined ranging from NT\$60,000 to NT\$300,000 in accordance with Article 67 of the Communicable Disease Control Act.

五、其他注意事項

- (一) 請維持手部清潔，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並澈底洗淨。
- (二) 如您於取消隔離日後有出境或出國需要，請攜帶本通知書，以免移民署人員因註記系統的時間誤差，延誤您通關時間。

(三) 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。

(四) 如不服本處分者，得自本處分送達翌日起 30 日內，繕具訴願書逕送原處分機關，並由原處分機關函轉訴願管轄機關提起訴願。

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. The National Immigration Agency will be notified by computer system when you are placed under designated residence isolation (home isolation). Thus, when you need to go abroad after the period of designated residence isolation (home isolation) ends, please bring this notice with you. Please show immigration officers this notice for fear that they would delay your clearance due to the time error of the system.
3. If you need mental health services, please call the 24/7 toll-free hotline, 1925.
4. If you disagree with this notice of administrative disposition, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative disposition was made within 30 days from the next day of the receipt of the administrative disposition, and the agency rendering this disposition shall transfer the appeal to the agency with jurisdiction of the administrative appeal.

衛生福利部公告 (MOHW Announcements) :


「居家隔離及居家檢疫對象應遵守及注意事項」

“The notes for people in home isolation and home quarantine”

「自主健康管理對象應遵守及注意事項」

“The notes for people under self-health management”



個案 ID/護照號碼(ID/Passport No.) : _____	開始隔離日 (Start date of designated residence isolation) : _____年_____月_____日 (YYYY/MM/DD)
電話(Tel) : _____	取消隔離日 (Cancellation date of designated residence isolation) : _____年_____月_____日 (YYYY/MM/DD)
隔離地址(Address) : _____	
訪視人員 Responsible person 填發人簽章(Signature of responsible person) : _____ 聯絡電話(Tel) : _____	填發單位 Competent authority 

上開事項地方政府衛生局已於_____年_____月_____日以電話通知，依行政程序法第 110 條規定，台端於通知日起對上開事項發生效力，再以此書面請台端配合辦理。

The regulations regarding designated residence isolation (home isolation) will take effect from the day (____/____/____) (YYYY/MM/DD) when you are notified over the phone by the local competent authorities in accordance with Article 110 of the Administrative Procedure Act.

嚴重特殊傳染性肺炎指定處所(居家)隔離通知書簽收聯

編號(Reference No.) :

Acknowledgement receipt of COVID-19 designated residence isolation (home isolation) notice

(若個案為未成年人，則送請法定代理人簽收，並向法定代理人說明程序)

(If the case is a minor, the notice will be sent to his/her legal representative, and the procedure will be explained to the legal representative.)

受文者簽收(Recipient) :

法定代理人簽章(Legal representative) :

_____ (signature)

_____ (signature)

個案 ID/護照號碼(ID/Passport No.) :

執行人員簽章(Responsible person) :

_____ (signature)

送達說明時間(Date) : _____年_____月_____日_____時_____分 (YYYY/MM/DD/HH/MM)

體溫及健康狀況紀錄表

Record of Body Temperature and Health Status and Conditions

填表人(Name) : _____

開始隔離日(Start date of designated residence isolation) :

_____年____月____日(YYYY/MM/DD)

日期: 月/日 Date: m/d	體溫 早/晚 Temperature Morning/ night	發燒 (≥38°C) Fever (≥38°C)	流鼻水、 鼻塞 Runny/ stuffy nose	咳嗽 Cough	呼吸 困難 Breathing difficulties	嗅、味 覺異常 loss of smell or taste	腹瀉 diarrhea	全身 倦怠 general malaise	四肢 無力 Limb weakness	當日就醫 Seek immediate medical attention
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