

嚴重特殊傳染性肺炎個案接觸者居家 (個別) 隔離通知書
Home isolation (Self-isolation) notice for contacts of COVID-19
confirmed cases

_____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，您可能於____年__月__日與嚴重特殊傳染性肺炎個案有相當接觸，依傳染病防治法第 48 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__日期間進行居家/個別隔離，並於隔離期滿後進行 4 天自主防疫。您於____年__月__日接獲通知被匡列為居家隔離者，請您自通知日起遵守居家隔離相關規定；若您獲知為居家隔離者時已逾隔離期間，請繼續完成自主防疫，應遵守及注意事項如下：

As you have been identified as a contact of COVID-19 confirmed cases based on health authority's investigation and the date of last close contact is ____/____/____ (YYYY/MM/DD), according to Paragraph 1, Article 48 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 home isolation (self-isolation) during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD). After being released from home isolation, you should continue to practice self-initiated epidemic prevention for 4 days. You are notified to undergo home isolation by the local competent authorities or the COVID-19 confirmed case at ____/____/____ (YYYY/MM/DD), so please comply with the following regulations regarding home isolation (self-isolation) from that date. If the date you are notified as a contact of COVID-19 confirmed cases exceeds the home isolation period, please continue to finish self-initiated epidemic prevention period.

一、居家隔離應遵守事項 The regulations regarding home isolation (self-isolation)

- (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。若遇生命、身體等之緊急危難(如：火災、地震或需緊急外出就醫等)而出於不得已所為離開隔離處所之適當行為，不予處罰；惟離開時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。
- (二) 居家隔離期間，以 1 人 1 室(單獨房間含衛浴)為基準，倘能遵守居家隔離相關規定且每次浴廁使用後均能適當清消，則可於不含獨立衛浴設備之個人專用房間隔離；若選擇自宅或親友住所居家隔離者，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；若同住者均為居家隔離者，於同戶內隔離可不受 1 人 1 室限制。如為檢疫期間由檢疫轉為隔離身分者，以於原檢疫地點隔離至期滿為原則。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等以進行必要之追蹤管理機制。居家隔離之個人資料沿用至自主防疫期滿，並於結束後 28 天銷毀。

- (三) 若同住者有老年人(≥65 歲)、幼童(≤6 歲)、免疫不全者或慢性疾病患者(如心血管疾病、糖尿病或肺部疾病等)，建議至其他合適場所完成居家隔離。
- (四) 隔離期間如有發燒、咳嗽、腹瀉、嗅覺或味覺異常及呼吸困難等症狀，請以家用快篩檢測，快篩陽性者，請透過遠距醫療或視訊診療方式由醫療人員評估確認快篩陽性結果；如居家環境設備無法使用視訊或未能成功預約視訊診療者，可委由非居家隔離親友攜帶健保卡及快篩檢測卡匣或檢測片卡至診所或負責居家照護之責任院所(含衛生所)請醫師確認快篩陽性結果。若經通報確診為嚴重特殊傳染性肺炎個案，後續將由地方政府衛生單位開立「嚴重特殊傳染性肺炎指定處所隔離通知書」，請依衛生單位指示於住家或其他指定處所進行居家照護或隔離治療，未經上述程序不得逕行外出就醫就診，且禁止搭乘大眾運輸工具前往；如有緊急醫療需求，請撥打 119 或連繫當地衛生局，以 119 救護車送醫為原則或依衛生局指示搭乘防疫計程車、同住親友接送或自行前往(如步行、自行駕/騎車)等方式為輔。
- (五) 依傳染病防治法第 43 條第 2 項規定，請您配合衛生單位指示進行檢測措施及妥善保存 COVID-19 抗原家用快篩試劑，並於指定日期進行快篩。

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. An appropriate conduct of leaving the house or the designated area performed by a person to avert imminent danger, such as fire and earthquake, otherwise unavoidable to the life or body of himself is not punishable; however, please make sure to wear a medical mask when leaving, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.
2. During the home isolation period, individuals who choose to undergo isolation (self-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); however, if you can abide by home isolation regulations and properly clean the bathroom every time after you use it, you can undergo home isolation in a separate room

without a bathroom. All household members 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). If all household members are required to undergo home isolation, they all can isolate in the same residence and are not required to abide by the principle of one person per room. If you have been identified as a contact of COVID-19 confirmed cases during the quarantine period, you should continue to stay at your quarantine residence to complete the isolation period. During the home isolation period, 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 and cooperate with other kinds of care and follow-up procedures conducted by the health authority. Your personal data provided for home isolation purposes will continue to be used until the expiration of the self-initiated epidemic prevention period and will be destroyed 28 days after the end of that period.

3. You should undergo home isolation in another place if you live with elderly people 65 years or older, children 6 years or under, immunocompromised persons, or persons with chronic diseases (such as cardiovascular disease, diabetes, and lung disease).
4. During the home isolation period, if you display symptoms, such as fever, coughing, diarrhea, loss of smell, loss of taste, and difficulty breathing, please take a rapid test. **When testing positive on rapid test, please use telemedicine or video consultations with doctors who would confirm their positive results, make evaluations, and report cases. IF you cannot use video calls or fail to schedule a video consultation to confirm their positive results, individuals in home isolation, self-initiated epidemic prevention or home quarantine are allowed to have a friend or relative bring their National Health Insurance cards and rapid test devices/test cards to a clinic or the designated facility in charge of their home care for confirmation by a doctor. If you have been identified as a COVID-19 confirmed case, you will receive a COVID-19 Designated Residence Isolation (Home Isolation) Notice from local competent authorities and you should isolate at home or a designated location to undergo home care or isolation care.** You cannot go to the hospital or clinic by yourself without instructions of your local Department of Health and cannot take public transportation to seek medical attention. If you need emergency medical care during isolation, please call 119 or contact your local Department of Health immediately; you are advised to call 119 for an ambulance, or if an ambulance is not available, you can take a quarantine taxi or ride with a relative or friend living with you to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).
5. According to Paragraph 2, Article 43 of the Communicable Disease Control Act, you must cooperate with health authorities in undergoing testing. Additionally, please properly keep your at-home COVID-19 antigen rapid test kits, take rapid tests on designated dates.

二、違反上述第(一)~(三)項居家隔離規定者，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第15條裁處新臺幣20萬元以上100萬元以下罰鍰；違反上述第(四)項居家隔離規定者，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 Rules 1 to 3 set forth above will be fined ranging from NT\$200,000 to NT\$1,000,000 in accordance with Article 15 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens. Those who flout Rule 4 above will be fined ranging from NT\$60,000 to NT\$300,000 in accordance with Article 67 of the Communicable Disease Control Act.

三、居家隔離解除後，請繼續自主防疫4天，相關規範如下：

After being released from home isolation, you should continue to practice self-initiated epidemic prevention for 4 days and abide by the following rules during the self-initiated epidemic prevention:

- (一) 自主防疫期間如無需要則不外出，如有工作或採買生活必需品之外出需求，須具有2日內快篩檢測陰性結果後始得佩戴醫用口罩外出。
- (二) 外出須全程正確佩戴醫用口罩，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，且禁止於餐廳內用餐、聚餐、聚會、前往人潮擁擠場所及與不特定對象接觸。
- (三) 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，快篩陰性後可比照「開放民眾自費檢驗COVID-19申請規定」之自主健康管理者辦理。
- (四) 自主防疫期間如有發燒、咳嗽、腹瀉、嗅覺或味覺異常及呼吸困難等症狀，請以家用快篩檢測。
- (五) 快篩陽性者，請透過遠距醫療或視訊診療方式由醫療人員評估確認快篩陽性結果；如居家環境設備無法使用視訊或未能成功預約視訊診療者，可委由非居家隔離親友攜帶健保卡及快篩檢測卡匣或檢測片卡至診所或負責居家照護之責任院所(含衛生所)請醫師確認快篩陽性結果。若經通報為嚴重特殊傳染性肺炎個案，後續將由地方政府衛生單位開立「嚴重特殊傳染性肺炎指定處所隔離通知書」，請依衛生單位指示於住家或其他指定處所進行居家照護或隔離治療。快篩陰性者，建議在家休息，不要外出，如有就醫需求時，可使用免費之24小時視訊諮詢APP「健康益友」或可自行開車、騎車、步行、家人親友載送(雙方全程佩戴口罩)就醫，並請佩戴醫用口罩且禁止搭乘大眾運輸工具前往。

- (六) 非急迫性需求之醫療或檢查應延後，倘有緊急就醫需求，請撥打 119，以 119 救護車為原則或家人親友接送或自行前往(如步行、自行駕/騎車)等方式為輔。
- (七) 上班期間全程佩戴口罩，維持社交距離，於自己座位脫口罩用餐，用畢立即佩戴口罩。

1. Avoid going outside unless necessary. If you need to go out to work or to buy daily necessities, **you should present proof of a negative result from an at-home rapid test taken within two days** and wear a medical mask at all times when outside.
2. Please wear a medical mask correctly at all times when outside and avoid entering areas where you cannot maintain social distancing (1.5 meters indoors and 1 meter outdoors) or you are likely to come into close contact with nonspecific persons. Furthermore, you are prohibited from dining at restaurants, eating out with other people, attending gatherings, and visiting crowded places or places where you are likely to come into contact with nonspecific persons.
3. You are prohibited from accompanying patients in the hospital. If you do not exhibit COVID-19 symptoms such as fever, coughing, diarrhea, loss of smell or taste, and respiratory symptoms, you can accompany patients in the hospital after testing negative with a rapid test and apply to accompany patients in accordance with the Regulations concerning Applications for Out-of-Pocket Polymerase Chain Reaction (PCR) Testing for Coronavirus Disease 2019 (COVID-19) for people under self-health management.
4. If you exhibit COVID-19 symptoms such as fever, coughing, diarrhea, loss of smell or taste, or difficulty breathing, you should take rapid tests using at-home test kits.
5. If you test positive on a rapid test, **please use telemedicine or video consultations with doctors who would confirm their positive results, make evaluations, and report cases. IF you cannot use video calls or fail to schedule a video consultation to confirm their positive results, individuals in home isolation, self-initiated epidemic prevention or home quarantine are allowed to have a friend or relative bring their National Health Insurance cards and rapid test devices/test cards to a clinic or the designated facility in charge of their home care for confirmation by a doctor. If you have been identified as a COVID-19 confirmed case, you will receive a COVID-19 Designated Residence Isolation (Home Isolation) Notice from local competent authorities and you should isolate at home or a designated location to undergo home care or isolation care.** Alternatively, you can follow the procedure of your local Department of Health for seeking medical attention. **If you have been identified as a COVID-19 confirmed case, you will receive a COVID-19 Designated Residence Isolation (Home Isolation) Notice from local competent authorities.** If you test negative on a rapid test, you are advised to stay at home to rest and not go outside. However, if you need to seek medical attention, you can use the Eucare App, which provides free 24-hour video consultation

services, or you can seek medical care by driving or riding yourself, on foot, or getting a ride from your friend or relative (both parties must wear masks at all times); when you seek medical attention, you must wear a medical mask and must not use public transportation.

6. Non-essential or non-urgent medical services or examinations must be postponed. In the event that urgent medical services are required, please call 119 immediately; you are advised to call 119 for an ambulance, or if an ambulance is not available, you can get a ride from your relative or friend to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).
7. Please wear a medical mask at all times and maintain social distancing (1.5 meters indoors) at work; You should dine in your own seat and put on your mask immediately when finishing eating.

四、違反上述自主防疫規定者，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 above self-initiated epidemic prevention rules will be fined ranging from NTS60,000 to NTS300,000 in accordance with Article 67 of the Communicable Disease Control Act.

五、依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 8 條及傳染病防治法第 48 條，隔離或自主防疫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，以因應 COVID-19 防治採行必要防範作為，保障國內防疫安全。

According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 48 of the Communicable Disease Control Act, all information on individuals practicing isolation and self-initiated epidemic prevention shall be uploaded to the National Health Insurance Medi-Cloud system. In response to prevention and control to COVID-19, it takes necessary precautions to ensure the safety of domestic epidemic.


六、其他注意事項 Other rules

- (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) 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
 - (三) 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. If you need mental health services, please call the 24/7 toll-free hotline, 1925.
3. 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」 “Home Isolation and Home Quatantine Compliance Items and Notice”		
「健康益友 APP」 Eucare App		居家隔離及檢疫期間檢測措施說明
IOS 版	Android 版	
		
		

個案 ID/護照號碼(ID/Passport No.) : _____	開始隔離日(Start date of home isolation)* : _____年_____月_____日(YYYY/MM/DD)
電話(Tel) : _____	取消隔離日(Cancellation date of home 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 

*開始隔離日為接獲地方政府衛生單位或確診者通知當日。

The start date of home isolation is the date when you are notified by the local competent authorities or the COVID-19 confirmed case.

嚴重特殊傳染性肺炎個案接觸者居家隔離通知書簽收聯

編號 (Reference No.) :

Acknowledgement receipt of home isolation (self-isolation) notice for contacts of COVID-19 confirmed cases

(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) : _____

與病例最後接觸日期(The last date which contact with the confirmed case) :

_____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
1 / /	/ /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes , 疑似 suspected _____
2 / /	/ /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes , 疑似 suspected _____
3 / /	/ /	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes , 疑似 suspected _____