

# 防範嚴重特殊傳染性肺炎入境健康聲明書


## COVID-19 Health Declaration

第一聯 機關存查聯 / 備註：第一聯 機關存查聯（白色），第二聯 收執聯（綠色）

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"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat <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 <input type="checkbox"/> 呼吸急促 Shortness of breath			
2. 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) _____			
3. 是否持有表定搭機/船時間前二日內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within two days before the flight schedule time? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			

※依傳染病防治法第 58 條第 1 項第 2 款，入境旅客應詳實填寫本健康聲明書，違反者依同法第 69 條第 1 項第 1 款處新臺幣 1 萬至 15 萬元罰鍰。

In according to subparagraph 2, Paragraph 1, Article 58 of the Communicable Disease Control Act, inbound passengers shall complete this form truthfully. Those who violate the regulations are subject to a fine of between NT\$10,000 and NT\$150,000 according to Subparagraph 1, Paragraph 1, Article 69 of the same Act.

在臺連絡電話 Telephone in Taiwan _____ 自有手機 Personal Cellular phone _____ 市話 Landline _____	
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)	

## 防範嚴重特殊傳染性肺炎入境健康聲明書


## COVID-19 Health Declaration

第二聯 收執聯 / 備註：第一聯 機關存查聯(白色)，第二聯 收執聯(綠色)

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"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat <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 <input type="checkbox"/> 呼吸急促 Shortness of breath			
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日期：____年____月____日(工作人員填) Date : ____/____/____ (yyyy/mm/dd) (To be filled out by Staff)	