

編號：

## 非居家檢疫者照顧居家檢疫者應配合防疫措施通知書

Notice of COVID-19 prevention measures for caregivers of people  
under home quarantine

第一聯

\_\_\_\_\_先生/女士 您好(Mr./Ms. \_\_\_\_\_)：

因您需要照顧居家檢疫者，為降低可能傳播風險，保護您自己和親友及周遭人士健康，依傳染病防治法第 36 條規定，請您於\_\_\_\_年\_\_月\_\_日至\_\_\_\_年\_\_月\_\_日期間配合防疫措施，有關應遵守及其他注意事項如下：

Because you need to take care of individuals placed under home quarantine, according to Article 36 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 and others, please comply with the following regulations during the period from \_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD) to \_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD):

## 一、應遵守事項

- (一) 留在檢疫處所(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) 請於配合防疫措施期間，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)。
- (三) 如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴醫用口罩，主動與當地衛生局聯繫，依指示方式儘速就醫，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。

## 1. Compliance items

1.1 Stay in quarantine residence 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.

通知書一式兩聯：第一聯 機關存查（備註：第一聯 機關存查，第二聯 收執聯）

1.2 During the period when you are required to comply with preventive measures prescribed in this notice, please record your temperature and health status correctly on the attached form. Additionally, please provide your cell phone number, report your health status via text message, and cooperate with other kinds of care and follow-up procedures, including using cell phone signals to implement electronic monitoring of your location.

1.3 If you have symptoms such as fever, cough, diarrhea, loss of smell, loss of taste or other discomfort, please put on a medical mask, contact the local Department of Health and follow instructions on seeking medical attention. You cannot go to the hospital or clinic by yourself without instructions of the local Department of Health and cannot take public transportation when you seek medical attention.

通知書一式兩聯：第一聯機關存查（備註：第一聯機關存查，第二聯收執聯）

二、拒絕、規避或妨礙上述應遵守事項者，將依傳染病防治法第 70 條裁處新臺幣 3,000 元以上 1 萬 5,000 元以下罰鍰。

2. Those who refuse, evade or obstruct the above regulations will be fined ranging from NT\$ 3,000 to NT\$ 15,000 in accordance with Article 70 of the Communicable Disease Control Act.

三、若遇生命、身體等之緊急危難（如：火災、地震等）而出於不得已所為離開檢疫處所之適當行為，不予處罰；惟撤離時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。

3. An appropriate conduct of leaving the quarantine residence 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 evacuating, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.

#### 四、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) 請於配合防疫措施期滿後繼續自我健康監測 4 天，若出現嚴重特殊傳染性肺炎相關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師評估確認快篩陽性結果。如有就醫需求時，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。
- (三) 如您於取消配合防疫措施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。
- (四) 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- (五) 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。

#### 4. Other matters of note

- 4.1 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.
- 4.2 After the end of the period during which you are required to comply with this notice, please continue to practice self-health management for 4 days. If you exhibit COVID-19 symptoms, please take rapid tests using at-home test kits. If you test positive on a rapid test, please have your test result confirmed by a doctor through a telemedicine or video consultation. 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.

4.3 If you need to go abroad after the period of this notice ends, please bring this notice with you. Please show this notice to immigration officers to avoid delays during immigration clearance due to the time error of the computer system.


4.4 If you need mental health services, please call the 24-hour toll-free hotline, 1925.

4.5 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.

通知書一式兩聯：第一聯機關存查（備註：第一聯機關存查，第二聯收執聯）

非居家檢疫者(照顧者)資料 Information of non-home quarantined individual (Caregiver)	
姓名 Name :	身分證/護照號碼 ID card No./ Passport No. :
國籍 Nationality :	性別 Gender : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 other
1.照顧居家檢疫者之地址 Address of taking care of person under home quarantine : <input type="checkbox"/> 自宅或親友住所 Home or other residence <input type="checkbox"/> 防疫旅宿 Quarantine hotel : _____(防疫旅宿名稱 Name of hotel) _____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) _____	
2.自有手機 Personal Cell phone : _____	
3.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 have 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	
4.過去 14 天內是否曾接觸疑似或確診武漢肺炎之病人 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	

<b>居家檢疫者(受照顧者)資料</b> <b>Information of individual(s) under home quarantine (Individual(s) requiring care)</b>		
姓名 Name :	身分證/護照號碼 ID card No./ Passport No. :	
國籍 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.入境日 Date of entry : ____年____月____日 (YYYY/MM/DD)		
2.自有手機 Personal Cellular phone : _____		

填發人員簽章 Signature of responsible person : _____ 聯絡電話 Tel : _____	填發單位 Competent authority 
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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 prescribed above (**1. The regulations to be complied with**) will take effect from the day (\_\_\_\_/\_\_\_\_/\_\_\_\_) (YYYY/MM/DD), when you were notified of the regulations over the phone by the local Department of Health, in accordance with Article 110 of the Administrative Procedure Act.

受文者簽收 Signature of recipient : \_\_\_\_\_

法定代理人簽章 Signature of legal representative : \_\_\_\_\_

(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.)

個案 ID/護照號碼 ID/Passport No. : \_\_\_\_\_

執行人員簽章 Signature of responsible person : \_\_\_\_\_

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

通知書一式兩聯：第一聯機關存查（備註：第一聯機關存查，第二聯收執聯）

編號：

## 非居家檢疫者照顧居家檢疫者應配合防疫措施通知書

Notice of COVID-19 prevention measures for caregivers of people  
under home quarantine

第二聯

\_\_\_\_\_先生/女士 您好(Mr./Ms. \_\_\_\_\_)：

因您需要照顧居家檢疫者，為降低可能傳播風險，保護您自己和親友及周遭人士健康，依傳染病防治法第 36 條規定，請您於\_\_\_\_年\_\_月\_\_日至\_\_\_\_年\_\_月\_\_日期間配合防疫措施，有關應遵守及其他注意事項如下：

Because you need to take care of individuals placed under home quarantine, according to Article 36 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 and others, please comply with the following regulations during the period from \_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD) to \_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD):

## 一、應遵守事項

- (一) 留在檢疫處所(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) 請於配合防疫措施期間，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)。
- (三) 如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴醫用口罩，主動與當地衛生局聯繫，依指示方式儘速就醫，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。

## 1. Compliance items

1.1 Stay in quarantine residence or within the area designated by the Central Epidemic Command Center (CECC) or the local government. You are

通知書一式兩聯：第二聯收執聯（備註：第一聯機關存查，第二聯收執聯）



prohibited from leaving the house or the designated area and leaving the country or going abroad.

1.2 During the period when you are required to comply with prevention measures prescribed in this notice, please record your temperature and health status correctly on the attached form. Additionally, please provide your cell phone number, report your health status via text message, and cooperate with other kinds of care and follow-up procedures, including using cell phone signals to implement electronic monitoring of your location.

1.3 If you have symptoms such as fever, cough, diarrhea, loss of smell, loss of taste or other discomfort, please put on a medical mask, contact the local Department of Health and follow instructions on seeking medical attention. You cannot go to the hospital or clinic by yourself without instructions from the local Department of Health and cannot take public transportation to seek medical attention.

通知書一式兩聯：第二聯收執聯（備註：第一聯機關存查，第二聯收執聯）

**二、拒絕、規避或妨礙上述應遵守事項者，將依傳染病防治法第 70 條裁處新臺幣 3,000 元以上 1 萬 5,000 元以下罰鍰。**

**2. Those who refuse, evade or obstruct the above regulations will be fined ranging from NT\$ 3,000 to NT\$ 15,000 in accordance with Article 70 of the Communicable Disease Control Act.**

**三、若遇生命、身體等之緊急危難（如：火災、地震等）而出於不得已所為離開檢疫處所之適當行為，不予處罰；惟撤離時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。**

**3. An appropriate conduct of leaving the quarantine residence 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**

**evacuating, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.**

#### 四、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) 請於配合防疫措施期滿後繼續自我健康監測 4 天，若出現嚴重特殊傳染性肺炎相關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師評估確認快篩陽性結果。如有就醫需求時，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。
- (三) 如您於取消配合防疫措施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。
- (四) 如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- (五) 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。

#### 4. Other matters of note

4.1 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.

4.2 After the end of the period during which you are required to comply with this notice, please continue to practice self-health management for 4 days. If you exhibit COVID-19 symptoms, please take rapid tests using at-home test kits. If you test positive on a rapid test, please have your test result confirmed by a doctor through a telemedicine or video consultation. 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.

4.3 If you need to go abroad after the period of this notice ends, please bring this notice with you. Please show this notice to immigration officers to avoid delays during immigration clearance due to the time error of the computer system.


4.4 If you need mental health services, please call the 24-hour toll-free hotline, 1925.

4.5 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.

通知書一式兩聯：第二聯收執聯（備註：第一聯機關存查，第二聯收執聯）

非居家檢疫者(照顧者)資料 Information of non-home quarantined individual (Caregiver)	
姓名 Name :	身分證/護照號碼 ID card No./ Passport No. :
國籍 Nationality :	性別 Gender : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 other
1.照顧居家檢疫者之地址 Address of taking care of person under home quarantine : <input type="checkbox"/> 自宅或親友住所 Home or other residence <input type="checkbox"/> 防疫旅宿 Quarantine hotel : _____(防疫旅宿名稱 Name of hotel) _____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) _____	
2.自有手機 Personal Cell phone : _____	
3.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 have 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	
4.過去 14 天內是否曾接觸疑似或確診武漢肺炎之病人 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	

<b>居家檢疫者(受照顧者)資料</b> <b>Information of individual(s) under home quarantine (Individual(s) requiring care)</b>		
姓名 Name :	身分證/護照號碼 ID card No./ Passport No. :	
國籍 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.入境日 Date of entry : ____年____月____日 (YYYY/MM/DD)		
2.自有手機 Personal Cell phone : _____		

填發人員簽章 Signature of responsible person : _____ 聯絡電話 Tel : _____	填發單位 Competent authority 
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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 prescribed above (**1. The regulations to be complied with**) will take effect from the day (\_\_\_\_/\_\_\_\_/\_\_\_\_) (YYYY/MM/DD), when you were notified of the regulations over the phone by the local Department of Health, in accordance with Article 110 of the Administrative Procedure Act.

受文者簽收 Signature of recipient : \_\_\_\_\_

法定代理人簽章 Signature of legal representative : \_\_\_\_\_

(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.)

個案 ID/護照號碼 ID/Passport No. : \_\_\_\_\_

執行人員簽章 Signature of responsible person : \_\_\_\_\_

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

通知書一式兩聯：第二聯收執聯（備註：第一聯機關存查，第二聯收執聯）

## 溫及健康狀況紀錄表

### Records of Body Temperature and Health Status

姓名：  
Name:

出生年月日：民國\_\_\_\_年/\_\_\_\_月/\_\_\_\_日  
Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_(yyyy/mm/dd)

日期： 月/日	發燒 (≥38°C)	咳嗽	流鼻水 鼻塞	腹瀉	嗅/味覺 異常	全身 倦怠	四肢 無力	呼吸 困難	當日就醫
Date: m/d	Fever (≥38°C)	Cough	Runny/ stuffy nose	Diarrea	Loss of smell or taste	general malaise	four limbs weakness	Breathing difficulties	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 _____
4 /	<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 _____
5 /	<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 _____
6 /	<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 _____
7 /	<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 _____