

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 a confirmed COVID-19 case based on the 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 home isolation (self-isolation) rules during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD). After being released from home isolation, you should continue to practice **self-initiated prevention** for 4 days. You were notified of being identified as a close contact on ____/____/____ (YYYY/MM/DD); please comply with the following home isolation (self-isolation) rules from the date on which you received notification. If you were notified of being identified as a close contact after your home isolation period ended, please continue to complete your **self-initiated prevention** period.

一、居家隔離應遵守事項 Home isolation (self-isolation) rules

- (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 65 歲以上長者、6 歲以下幼童、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，請備妥您的健保卡及快篩檢測卡匣/檢測片，透過遠距/視訊診療或委由非居家隔離親友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；未具健保身分者，可委由親友或地方政府衛生局協助遠距/視訊診療，或安排至診所/負責居家照護之責任院所（含衛生所）評估篩檢結果。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家用 COVID-19 抗原快篩試劑，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, earthquake, going outside for emergency medical care, otherwise unavoidable to the life or body of himself/herself is not punishable; however, you should 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, in principle, you should undergo isolation (self-isolation) at residence that meets the one person per room principle (a room with a private bathroom). However, if home isolation rules can be followed, and a shared bathroom can be properly cleaned and disinfected every time after use, you can undergo home isolation in a room without a private bathroom. If you choose to undergo home isolation in your own residence or a residence of a

relative or friend, all household members living in the residence are required to take protective measures, such as wearing medical masks, practicing respiratory hygiene, washing hands frequently, maintaining good hygiene habits, 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 the one person per room principle does not have to be followed. If you are placed under home isolation 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 in adhering to other care and follow-up procedures of the health authority. Your personal data provided for home isolation purposes will continue to be used until the expiration of the self-initiated prevention period and will be destroyed 28 days after the end of that period.

3. You are advised to undergo home isolation in another place if you live with elderly people 65 years of age or older, children 6 years of age or under, immunocompromised people, 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. If your rapid test result is positive, please prepare your National Health Insurance (NHI) card and rapid test cassette/strip and ask a doctor to assist you in confirming your positive rapid test result through a telemedicine/video consultation or by asking a friend or family member not undergoing home isolation to bring them to the clinic or institution in charge of home care (including public health center). People who are not enrolled in the NHI program may have their friends, family members, or local government health authority assist in telemedicine/video consultations or arranging for them to go to clinics or institutions in charge of home care (including public health centers) to evaluate test results. If you have been diagnosed with COVID-19 and reported as a confirmed case by the doctor after the consultation, you will receive a COVID-19 Designated Residence Isolation (Home Isolation) Notice from your local health authority; also, you should isolate at home or a designated location as instructed by your local health authority. You cannot go to the hospital or a clinic by yourself without instructions of your local health authority 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 according to instructions of your local health authority 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 rapid antigen test kits and 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 prevention** for 4 days and adhere to the following rules during the **self-initiated prevention** period:

- (一) 外出需有2日內家用抗原快篩檢測陰性結果。
- (二) 外出、上班、上學期間全程佩戴口罩，維持社交距離，有飲食需求可暫免佩戴口罩，且得於餐廳內獨自或與特定對象共餐，離開座位時及餐點用畢後應立即佩戴口罩。
- (三) 儘量避免接觸重症高風險對象(包括65歲以上長者、6歲以下幼童、免疫不全及免疫力低下者等)。
- (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，應於自主防疫地點休息，並以家用抗原快篩試劑檢測。
- (五) 快篩陽性者，請備妥您的健保卡及快篩檢測卡匣/檢測片，透過遠距/視訊診療或委由親友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；未具健保身分者，可委由親友或地方政府衛生局協助遠距/視訊診療，或安排至診所/負責居家照護之責任院所(含衛生所)評估篩檢結果。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) 禁止前往醫院陪病、探病，建議延後非急迫性需求之醫療或檢查，並避免前往長照機構。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) 自主防疫期間，以 1 人 1 室（單獨房間含衛浴）為基準，倘能於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自主防疫；倘家戶中所有同住者皆為自主防疫對象，可不受 1 人 1 室限制。

1. A negative result from an at-home rapid test taken within two days before you go out is required.
2. Please wear a mask at all times and maintain a social distance when going out, going to work, or going to school. You may take off your mask when eating; you should put it on immediately after finishing your meal. If you need to eat when outside, you may eat alone or with a specific person in the restaurant. Wear a mask when leaving your seat and immediately after finishing your meal.
3. Please avoid contact with people at high risk of serious illness, including elderly people 65 years of age or older, children 6 years of age or under, immunocompromised people, and individuals with a weak immune system.
4. If you exhibit COVID-19 symptoms, such as fever, coughing, diarrhea, loss of smell or taste, and difficulty breathing, you should rest at your place of self-initiated prevention and take an at-home rapid test.
5. If your rapid test result is positive, please prepare your National Health Insurance (NHI) card and rapid test cassette/strip and ask a doctor to assist you in confirming your positive rapid test result through a telemedicine/video consultation or by asking a friend or family member not undergoing home isolation to bring them to the clinic or institutions in charge of home care (including public health centers). People who are not enrolled in the NHI program may have their friends, family members, or local government health authority assist in telemedicine/video consultations or arranging for them to go to clinics or institutions in charge of home care (including public health centers) to evaluate test results. If you have been diagnosed with COVID-19 and reported as a confirmed case by the doctor after the consultation, you will receive a COVID-19 Designated Residence Isolation (Home Isolation) Notice from your local health authority; also, you should isolate at home or a designated location as instructed by your local health authority. If your rapid test result is negative, you are advised to stay at home to rest and not go outside. However, if you need to seek medical attention, you can seek medical care by driving or riding, on foot, or by getting a ride from a 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. You are prohibited from accompanying or visiting patients in hospitals. Postponing non-urgent medical treatment or examinations is advised. Avoid visiting long-term care institutions. In the event that you need urgent medical services, 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 a relative or friend to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).

7. During the self-initiated prevention period, you should abide by the principle of one person per room (a room with a private bathroom). However, if a shared bathroom can be properly cleaned and disinfected every time after use, you can undergo self-initiated prevention in a room without a private bathroom. If all the people living in the same household need to undergo self-initiated prevention, the “one person per room” principle does not have to be followed.

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 prevention** rules 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 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-hour toll-free hotline, 1925.
3. If you disagree with this notice of administrative disposition, please prepare an administrative appeal and file the administrative appeal to the agency which the administrative disposition was made within 30 days from the next day of receipt of the administrative disposition, and the agency rendering this disposition shall transfer the appeal to the agency with jurisdiction of the administrative appeal.

自主防疫指引

Self-initiated Prevention Directions



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 health authority 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 date of last 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 , 疑似 suspected _____							
2 / /	/ /	<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 , 疑似 suspected _____							