

高雄市因應短期商務人士入境申請縮短居家檢疫作業流程

制定日期：109/6/22



註1：低感染風險國家於入境第5日可自費採檢；中低感染風險國家於入境第7日。

註2：民眾取得自費採檢陰性結果，由公司或單位協助聯繫衛生所並提供陰性證明，或由公司或單位向採檢醫院徵詢是否接受民眾授權直接提供檢驗報告予衛生所。

註3：在臺停留天數少於5或7日欲提前離境者，如符合申請條件，並完成應備文件之繳交或查驗，欲提前離境者，如入境前檢附之報告為離境日3天內報告，無需重新檢驗，若超過3天內之報告，衛生局則同樣依公司或單位所提自費檢驗申請安排外出採檢。

附件 1

高雄市短期商務人士入境縮短居家檢疫申請單

一、民眾條件審核欄：

1. 申請日期：_____
2. 姓名：_____身分證號/護照號碼：_____
國籍：_____聯繫電話：_____
3. <input type="checkbox"/> 是/ <input type="checkbox"/> 否 具備防疫計畫
4. <input type="checkbox"/> 是/ <input type="checkbox"/> 否 具備登機前 3 天內 COVID-19 核酸檢驗陰性報告
5. 居家檢疫至今是否
<input type="checkbox"/> 第 5 天(含)以上 (疫情穩定之低感染風險國家/地區)
<input type="checkbox"/> 第 7 天(含)以上 (疫情減緩之中低感染風險國家/地區)
<input type="checkbox"/> 少於 5 或 7 天欲提早離境 (預定出境日____年____月____日)
且無症狀： <input type="checkbox"/> 是/ <input type="checkbox"/> 否 (提醒：入境日為第 0 日)
6. 洽商之在臺公司或單位名稱：_____聯絡人姓名：_____
聯絡電話：_____

二、安排醫院採檢：

1. 欲安排採檢醫院：_____安排採檢日期：_____
2. 為縮短審核時間，請先向採檢醫院詢問，是否接受民眾授權後直接傳真檢驗報告予衛生局，如醫院同意，請民眾填寫 COVID-19 自費檢驗報告授權同意書。將本申請單及 COVID-19 自費檢驗報告授權同意書傳真採檢醫院備查。
3. 檢驗結果是否為陰性： <input type="checkbox"/> 是/ <input type="checkbox"/> 否(此欄於取得檢驗結果後補充)
檢驗報告取得日期：_____

協助申請單位：_____區衛生所 衛生所人員：_____

申請日期：_____年____月____日

初審日期：_____年____月____日

初審結果：符合 不符合(原因說明：_____)

附件 2

高雄市 COVID-19 自費檢驗報告授權同意書

本人_____同意採檢醫院_____醫院將

COVID-19 自費檢驗報告先行傳真_____區衛生所，以利

衛生局進行審核居家檢疫縮短天數作業。

同意人簽章：_____

身分證／居留證／護照號碼：_____

民國_____年_____月_____日

簽署完成請回傳_____區衛生所

※請醫院傳真至申請者居家檢疫所在地之轄區衛生所

Kaohsiung COVID-19 Testing Report Authorization and Consent Form

I _____ agree that the testing hospital
_____ could fax the COVID-19 testing
report at my own expense to _____ health
bureau to verify the application for shortening days
of home quarantine.

Signature: _____

ID: _____

Date: _____ (year/month/day)

Please return to _____ health bureau after
signing.

高雄市防範嚴重特殊傳染性肺炎 入境健康聲明暨居家檢疫通知書

COVID-19 Health Declaration and Home Quarantine Notice

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"/> 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		
2. 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		
3. 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) _____		
4. 來臺目的 Purpose of coming to Taiwan: <input type="checkbox"/> 商務 Business <input type="checkbox"/> 國人返臺 Nationals returning to Taiwan <input type="checkbox"/> 求學 Study <input type="checkbox"/> 觀光 Tourism <input type="checkbox"/> 探親 Visiting relatives <input type="checkbox"/> 其他 Others _____		
5. 是否持有登機前三天內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within three days before boarding? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		

依據臺灣法令規定，您為居家檢疫 14 日之對象，請遵守以下規定：


- 一、抵臺後全程佩戴口罩，儘速返家且不得搭乘大眾運輸。搭乘防疫車隊時，請主動出示本通知書收執聯。
- 二、留在家中不外出，亦不得出境或出國。
- 三、與同住家人保持 1 公尺以上距離；自主詳實記錄體溫及健康狀況及配合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)。
- 四、所有入境旅客，若同住者有老年人(≥65 歲)、幼童(≤6 歲)、慢性疾病患者(如心血管疾病、糖尿病或肺部疾病等)，或個人無單獨房間(含衛浴)者，應至防疫旅館完成居家檢疫。
- 五、如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴口罩，主動與當地衛生局聯繫，或撥 1922，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。

※依傳染病防治法第 58 條規定，入境旅客應詳實填寫並配合居家檢疫措施。拒絕、規避妨礙或填寫不實者，處新臺幣 1 萬至 15 萬元罰鍰。違反居家檢疫規定者，處新臺幣 10 萬至 100 萬元罰鍰。

According to laws and regulations in Taiwan, you are required to take home quarantine for 14 days after entry and abide by the following requirements:

1. After arriving in Taiwan, you must wear a face mask all the time and return home as soon as possible. Do not take public transportation. Please present this notice voluntarily upon getting in a designated transport vehicle.
2. Stay at home; do not go outside or go abroad.
3. Keep at least 1 meter away from your family. Please record your body temperature and health status, and cooperate with caring and tracking measures (including using cell phone signals to implement electronic monitoring of your location).
4. All inbound travelers are required to stay at a quarantine hotel if you don't have a separate room (including a separate bathroom) or if you live with elderly people 65 years old or older, children 6 years old or under, or persons with chronic diseases (such as cardiovascular disease, diabetes or lung disease, etc.).
5. If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, contact with the local health authorities or call the toll-free hotline, 1922, to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital.

※ According to Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NT\$

檢疫起始日：___年___月___日(工作人員填)	Home quarantine starts on ___/___/___(y/m/d) (To be filled out by Staff)
檢疫解除日：___年___月___日(工作人員填)	Home quarantine ends on ___/___/___(y/m/d) (To be filled out by Staff)
自有手機 Personal Cellular phone _____ (其他手機號碼 Other Cellular phone)	
市話 Landline _____	
居家檢疫住所及地址 Home quarantine residence and address	
<input type="checkbox"/> 自宅或親友住所等 Home or other residence <input type="checkbox"/> 安心防疫旅館 Quarantine hotel(https://taiwan.taiwanstay.net.tw/covhotel/)	
_____縣/市_____鄉/鎮/市/區_____街/路_____段_____巷_____弄_____號_____樓之_____室	
English address:	
預計自機場返家方式(如臨時變更方式，請至防疫車隊處登記)	
How to travel back home from the airport (If there is a change, please inform the information counter of designated transport vehicle)	
<input type="checkbox"/> 親友接送/自行駕車 Pick-up by relatives or friends/drive yourself	
<input type="checkbox"/> 防疫車隊 Designated transport vehicle <input type="checkbox"/> 自行安排專用小客車 Arrange your own private car	
填發單位 Competent authority	
<div style="border: 2px solid red; padding: 5px; display: inline-block;">原編號(_____)居家檢疫通知書廢止</div>	
	
日期：___年___月___日(工作人員填)	Date : ___/___/___ (yyyy/mm/dd) (To be filled out by Staff)

高雄市 COVID-19 自主健康管理通知書

(短期商務人士縮短居家檢疫監測期滿者) 2020/06/22

為降低可能傳播風險，並保障您自己、親友及周遭人士的健康，請您於縮短之居家檢疫監測期滿後，確實做好自主健康管理措施至入境後 21 天：

1. 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及澈底洗淨。
2. 於自主健康管理期間，每日早/晚各量體溫一次、詳實記錄體溫、健康狀況及活動史，並配合雙向簡訊回報健康狀況。
3. 如沒有出現任何症狀，可正常生活，但應儘量避免出入公共場所，外出時，請一定嚴格遵守全程佩戴醫用口罩。
4. 倘您有發燒($\geq 38^{\circ}\text{C}$)、嗅/味覺異常、腹瀉或有呼吸道症狀，請立即佩戴醫用口罩，撥打 1922 或聯繫地方政府衛生主管機關，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。就醫時應主動告知醫師接觸史旅遊史、居住史、職業暴露、以及身邊是否有其他人有類似的症狀。
5. 生病期間應於防疫旅館中休養，並佩戴醫用口罩、避免外出。當口罩沾到口鼻分泌物時，應立即更換並內摺丟進垃圾桶。
6. 生病期間，與他人交談時，除戴上醫用口罩外，儘可能保持 1 公尺以上距離。
7. 如您就醫後，經醫院安排採檢，自採檢醫院返回防疫旅館後，於接獲通知檢驗結果前，應留在防疫旅館中，不可外出，如檢驗結果陽性，地方政府衛生主管機關將會通知您及安排就醫。另於獲知檢驗結果為陰性後，仍需自主健康管理至入境後 21 天，期間如果症狀加劇，請確實佩戴好醫用口罩，並應主動與衛生單位聯繫，或撥 1922，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫。
8. 入境後在臺停留期間若未滿 14 天，應取得出境前 3 日內 COVID-19 核酸檢驗陰性報告始可離境，並於出境時檢具以備查驗。
9. 如未確實遵守各項自主健康管理規定，係違反傳染病防治法第 58 條檢疫措施，依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 15 條規定，可裁處新臺幣 10 萬至 100 萬元罰鍰。

COVID-19 自主健康管理通知書(短期商務人士縮短居家檢疫監測期滿者)

姓名：_____

證號：_____

聯絡電話：_____

日期：_____

Kaohsiung Self-Health Management Notice
(Coronavirus disease 2019, COVID-19)
(Short-term business travelers after the end of the shortened
home quarantine)

2020/06/22 version

To reduce the risk of disease transmission and protect your family and friends, after the end of the shortened home quarantine, please observe the following self-health management measures until the 21st day after entry.

10. 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.
11. During the self-health management period, please record your temperature, health status, daily activities twice a day (morning and evening) correctly, and reply to text messages requesting an update on your health status.
12. During the period, if you have no symptoms, please still avoid going to public places. When you go outside, please ensure that you wear a medical mask all the time as required.
13. If you have fever ($\geq 38^{\circ}\text{C}$), loss of smell or taste, diarrhea or any respiratory symptoms, please put on a medical mask. Please call the toll-free hotline 1922 or contact the local health authority and follow instructions to seek medical attention. You may not go out to seek medical attention by yourself without following the above procedure beforehand. Please avoid taking public transportation when you go to the hospital. Please voluntarily inform your physician of your contact history, travel history, residence history, occupational exposure, and whether anyone else has similar symptoms.
14. During illness, please rest at your quarantine hotel, wear a medical mask and avoid going outside. If your mask is contaminated by secretions of nose or mouth, please fold it and throw it into the trash immediately.
15. During illness, please wear a medical mask and keep at least 1 meter away from

others while talking to them.

16. After seeking medical care, being tested for COVID-19 in the hospital, and returning to your quarantine hotel, you should stay at the quarantine hotel and should not go outside before you receive your test results. If your test results come back positive, the local health authority will inform you and help you seek medical attention. You are still required to conduct self-health management until the 21st day after entry even if you test results come back negative. If your symptoms become worse, please make sure to wear a medical mask and contact local health authority or call the toll-free hotline 1922 to obtain instructions on seeking medical attention. Please do not use public transportation to go to the hospital.
17. If the duration of your stay in Taiwan is less than 14 days, a negative COVID-19 test certificate obtained within three days prior to your departure date should be prepared for inspection when you leave Taiwan.
18. Those who flout the self-health management regulations will violate Article 58 of the Communicable Disease Control Act and be fined ranging from NT\$100,000 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.

Self-Health Management Notice

(Coronavirus disease 2019, COVID-19)

(Short-term business travelers after the end of the shortened home quarantine)

Name : _____

ID : _____

Phone : _____

Date : _____

高雄市短期商務人士入境申請縮短居家檢疫審核表

109 年 6 月 22 日制訂

申請事由	<input type="checkbox"/> 在臺停留少於 5 或 7 日者 <input type="checkbox"/> 縮短居家檢疫轉自主健康管理者		
送件單位(衛生所)		送件日期	年 月 日
個案姓名		身分證號/護照號碼	
國籍		出境國家	
在台停留天數	日	出境國家風險	<input type="checkbox"/> 低 <input type="checkbox"/> 中低
衛生局審核結果(以下由衛生局填寫)			
送審文件項目	符合	不符合	備註
1. 短期商務人士入境縮短居家檢疫申請單			
2. 防疫計畫書(含在臺行程表)			
3. 登機前 3 天內 COVID-19 核酸檢驗陰性報告			
4. COVID-19 自費檢驗報告授權同意書			
5. 安排指定醫院自費採檢結果			日期： <input type="checkbox"/> 陰性 <input type="checkbox"/> 陽性(★)
6. 新開立居家檢疫通知書(並備註：原編號居家檢疫通知書廢止)			
7. COVID-19 自主健康管理通知書簽收聯(短期商務人士縮短居家檢疫監測期滿者)			
8. 完成防疫追蹤系統辦理變更檢疫解除日			
9. 完成重新開立檢疫解除日變更之居家檢疫通知書掃描檔(PDF)電郵至指揮中心公用信箱備查(cdcphone0218@cdc.gov.tw)			

審核結果：通過 不通過(原因說明：_____)

審核日期： 年 月 日

審核者核章	承辦人核章	股長核章