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

対名(本人或法定代理人親煥) Name (Signed by the informed case or legal representative) 国籍 Nationality	
國籍 Nationality □中華民國 R.O.C. (Taiwan) □中國大陸 China □澳門 Macao □素 Hong Kong □共他 @籍 Other Nationality 1.過去 14 天內是否有發境、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 day those who had taken medications, please answer "Yes") □是 Yes:□發境 Fever □咳嗽 Cough □漁鼻水/鼻塞 Runny/ stuffy nose □呼吸急促 Shortness of breath etc.) or following symptoms during the past 14 days □是 Yes:□發境 Fever □咳嗽 Cough □漁鼻水/鼻塞 Runny/ stuffy nose □呼吸急促 Shortness of breath etc.) or following symptoms during the past 14 days 2.過去 14 天內是否曾接觸疑似或確診式漢肺炎之病人? Have you contacted any suspected or confirmed CO 19 case during the past 14 days □素 No □素 Study □瀬光 Tourism □探親 Visiting relatives □素 No □素 Study □瀬光 Tourism □探親 Visiting relatives □素 No □素	
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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。 此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 1 萬至 100 萬元罰鍰。	e following the time are sportation designated by your bond tracking electror are hotel (including ears old ic diseas.). Fort, plea ities or congression medicale hospitable Act, are from N° 1900 to the hospitable from
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 State	
居家檢疫住所及地址 Home quarantine residence and address □自宅或親友住所等 Home or other residence □安心防疫旅館 Quarantine hotel(https://taiwan.taiwanstay.net.tw/covhoteu	<u>:1/</u>)
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) □親友接送/自行駕車 Pick-up by relatives or friends/drive yourself □防疫車隊 Designated transport vehicle □自行安排專用小客車 Arrange your own private car	
填發單位 Competent authority	
原編號()居家檢疫通知書廢止 Stamp 日期:年 月日(工作人員填) Date:/(yyyy/mm/dd) (To be filled out by St	aff)