

臺北市立中山女子高級中學嚴重特殊傳染性肺炎(COVID-19)防疫自我健康聲明書

COVID-19 Health Declaration Form (109.7.10 新生報到適用)

姓名 Name : \_\_\_\_\_

身分證 ID Card/居留證 Resident Certificate ID/護照號碼 Passport No. : \_\_\_\_\_

身分 Status of visitors :  新生 Freshman       家長 Parent       陪同者 Relative and Friend

(新生姓名 Name of Freshman : \_\_\_\_\_ 入學編號 Registration Number : \_\_\_\_\_)

聯絡電話 Contact phone number : \_\_\_\_\_

通訊地址 Correspondence address : \_\_\_\_\_

預計離校時間 Time due to leave : \_\_\_\_\_

一、您最近 14 天內是否有以下症狀(可複選，含已就醫、服藥者)：

During the past 14 days, have you had the following symptoms?

發燒 fever (耳溫 ear temperature  $\geq 38^{\circ}\text{C}$  ; 額溫 forehead temperature  $\geq 37.5^{\circ}\text{C}$ )

咳嗽 cough

呼吸急促 shortness of breath

其他呼吸道症狀 other respiratory symptoms

其他非呼吸道症狀 other symptoms : \_\_\_\_\_

二、您最近 14 天內是否自其他國家或地區入境(含轉機、過境)：

Have you been overseas in the past 14 days (including transferring and transit)?

有 Yes ; 入境日期 date of entering Taiwan :

地點 List all the countries which you have been to in the past 14 days(including transit) :

\_\_\_\_\_

無 No

三、是否有其他您認為應聲明之事項 Other declaration :

(例如有接觸居家隔離或自主健康管理的人員、職業別... For example, you've come into contact with those who are require to practice home quarantine or self-management of health)

有 YES , \_\_\_\_\_

無 NO

※配合防疫人人有責，資料僅供防疫需求使用，本人對上述問題均應據實填寫  
Visitors are required to accurately fill out and submit this form.

填寫人簽名 Signature : \_\_\_\_\_

填寫日期 Date : \_\_\_\_\_年 YY\_\_\_\_\_月 MM\_\_\_\_\_日 DD