

# 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)<br>Name (Signed by the informed case or legal representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 身分證/護照號碼 ID card No./ Passport No.                                                                                  |  |
| 國籍 Nationality<br><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<br><input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他國籍 Other Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 性別 Gender<br><input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female<br><input type="checkbox"/> 其他 Other |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 航/船班<br>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」)?<br>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<br><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<br><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<br><input type="checkbox"/> 頭痛 Headache <input type="checkbox"/> 喉嚨痛 Sore throat |  |                                                                                                                     |  |
| 2. 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.<br>(1) _____ (2) _____ (3) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                     |  |
| 3. 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<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                     |  |
| 4. 是否持有表定搭機/船時間前二日內採檢之 COVID-19 檢驗陰性報告? Have you obtained a negative COVID-19 test certificate issued for testing conducted within two days before the flight schedule time? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                     |  |
| 5. 是否持有 COVID-19 疫苗完整接種證明且滿 14 天? Do you have proof of being fully vaccinated against COVID-19 14 days ago? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                     |  |

依據臺灣法令規定，您為居家檢疫對象，請遵守以下規定：

- 入境旅客應進行居家檢疫，以自宅或親友住所 1 人 1 戶為原則，無法符合 1 人 1 戶須入住防疫旅館完成檢疫。
- 抵臺後請全程佩戴口罩，儘速前往預先安排之檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅館時，請主動出示本通知書收執聯。
- 留在檢疫地點中不外出，亦不得出境或出國。
- 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(包含持臺灣手機門號進行個人活動範圍之電子監督，該等個人資料沿用至自主防疫期滿，並於結束後 28 天銷毀)。
- 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免費使用 24 小時視訊諮詢 APP「健康益友」，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫；如有緊急醫療需求，可撥打 119 就醫，以 119 救護車為原則或指示之防疫計程車、同住親友接送或自行前往(如步行、自行駕/騎車)等方式為輔。

※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及自主防疫措施。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 and abide by the following requirements:

- Inbound travelers must undergo quarantine at home or a residence of their family or friend and abide by the principle of one person per residence. If the principle of one person per residence cannot be followed, travelers must quarantine in a quarantine hotel.
- After arriving in Taiwan, please wear a face mask all the time and go to pre-arranged quarantine location as soon as possible. Do not take public transportation. Please present this notice voluntarily upon getting in a designated transport vehicle and checking in at the quarantine hotel.
- Stay at quarantine location; do not go outside or go abroad.
- Please record your body temperature and health status, and cooperate with caring and tracking measures (including using Taiwan's cell phone signals to implement electronic monitoring of your location; such personal data will continue to be used until the expiration of self-initiated epidemic prevention period and will be destroyed 28 days after the end of that period).
- If you have symptoms such as fever, cough or other discomfort, please put on a medical mask, contact with the local health authorities or use the Eucare App, which provides free 24-hour video consultation services to obtain instructions on seeking medical attention. Do not take public transportation when you go to the hospital. If you need emergency medical care during quarantine, you are advised to call 119 for an ambulance, take a quarantine taxi, or have a relative or friend drive you to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).

※ According to Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NT\$ 10,000 to NT\$150,000. Violators of home quarantine requirements will be fined ranging from NT\$ 100,000 to NT\$1,000,000.

|                                                                                                                                                                              |  |                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| 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)     |  |
| 檢疫結束日：____年____月____日 24 時                                                                                                                                                   |  | Home quarantine ends on ____/____/____ (y/m/d) 24:00 (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 a residence of friend or family <input type="checkbox"/> 防疫旅館 Quarantine hotel, 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) |  |                                                                                  |  |
| 預計自機場前往檢疫地點方式 How to travel from airport to quarantine location                                                                                                              |  |                                                                                  |  |
| <input type="checkbox"/> 防疫車輛/巴士 Designated transport vehicle/bus<br><input type="checkbox"/> 親友/機關團體接送 Pick-up by relatives or friends/Company and organization             |  |                                                                                  |  |
| 填發單位 Competent authority                                                                                                                                                     |  |                                                                                  |  |
| 衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)                                                                                         |  |                                                                                  |  |
| <div style="text-align: right;">  </div>                                                |  |                                                                                  |  |
| 日期：____年____月____日(工作人員填)                                                                                                                                                    |  | Date: ____/____/____ (yyyy/mm/dd) (To be filled out by Staff)                    |  |

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| 姓名(本人或法定代理人親填)<br>Name (Signed by the informed case or legal representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 身分證/護照號碼 ID card No./ Passport No.                                                                                  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 航/船班<br>Flight No./ Vessel Name                                                                                     |  |
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依據臺灣法令規定，您為居家檢疫對象，請遵守以下規定：

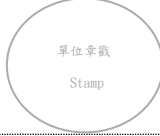
- 入境旅客應進行居家檢疫，以自宅或親友住所 1 人 1 戶為原則，無法符合 1 人 1 戶須入住防疫旅館完成檢疫。
- 抵臺後請全程佩戴口罩，儘速前往預先安排之檢疫地點且不得搭乘大眾運輸。搭乘防疫車隊、入住防疫旅館時，請主動出示本通知書收執聯。
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- 如有發燒、咳嗽、腹瀉、嗅味覺異常或其他任何身體不適，請佩戴口罩，主動與當地衛生局聯繫或免費使用 24 小時視訊諮詢 APP「健康益友」，依指示儘速就醫，且禁止搭乘大眾運輸工具就醫；如有緊急醫療需求，可撥打 119 就醫，以 119 救護車為原則或指示之防疫計程車、同住親友接送或自行前往(如步行、自行駕/騎車)等方式為輔。

※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及自主防疫措施。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。

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- Stay at quarantine location; do not go outside or go abroad.
- Please record your body temperature and health status, and cooperate with caring and tracking measures (including using Taiwan's cell phone signals to implement electronic monitoring of your location; such personal data will continue to be used until the expiration of self-initiated epidemic prevention period and will be destroyed 28 days after the end of that period).
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※ According to Article 58 of Communicable Disease Control Act, any person who falsifies on this notice will be fined ranging from NT\$ 10,000 to NT\$150,000. Violators of home quarantine requirements will be fined ranging from NT\$ 100,000 to NT\$1,000,000.

|                                                                                                                                                                              |  |                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| 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)     |  |
| 檢疫結束日：____年____月____日 24 時                                                                                                                                                   |  | Home quarantine ends on ____/____/____ (y/m/d) 24:00 (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 a residence of friend or family <input type="checkbox"/> 防疫旅館 Quarantine hotel, 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) |  |                                                                                  |  |
| 預計自機場前往檢疫地點方式 How to travel from airport to quarantine location                                                                                                              |  |                                                                                  |  |
| <input type="checkbox"/> 防疫車輛/巴士 Designated transport vehicle/bus<br><input type="checkbox"/> 親友/機關團體接送 Pick-up by relatives or friends/Company and organization             |  |                                                                                  |  |
| 填發單位 Competent authority                                                                                                                                                     |  |                                                                                  |  |
| 衛生福利部疾病管制署 Taiwan Centers for Disease Control, Ministry of Health and Welfare (MOHW)                                                                                         |  |                                                                                  |  |
| <div style="text-align: right;">  </div>                                                |  |                                                                                  |  |
| 日期：____年____月____日(工作人員填)                                                                                                                                                    |  | Date: ____/____/____ (yyyy/mm/dd) (To be filled out by Staff)                    |  |

## 居家檢疫者應遵守事項及權利告知

- 一、請維持手部衛生，使用肥皂或其他清潔用品勤洗手。
- 二、如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。
- 三、依傳染病防治法第 58 條第 1 項第 3 款規定，入境時須依指示配合於國際港埠或後送醫院採檢。同時，請您配合妥善保存 COVID-19 抗原家用快篩試劑，於指定日期進行快篩。
- 四、居家檢疫解除後，請繼續自主防疫 4 天，相關規範如下：
  - (一) 自主防疫期間如無需要則不外出，如有工作或採買生活必需品之外出需求，須具有 2 日內快篩檢測陰性結果後始得佩戴口罩外出。
  - (二) 外出須全程正確佩戴口罩，並避免出入人潮擁擠、無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所，且禁止於餐廳內用餐、聚餐、聚會。
  - (三) 禁止前往醫院陪病。
  - (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，請以家用快篩檢測。
  - (五) 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；如居家環境設備無法使用視訊或未能成功預約視訊診療者，可委由非居家檢疫親友攜帶健保卡及快篩檢測卡匣或檢測片卡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。如有就醫需求時，可使用免費之 24 小時視訊諮詢 APP「健康益友」或可自行開車、騎車、步行、家人親友載送(雙方全程佩戴口罩)就醫，並請佩戴口罩且禁止搭乘大眾運輸工具前往。
  - (六) 非急迫性需求之醫療或檢查應延後，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) 上班期間全程佩戴口罩，維持社交距離，於自己座位脫口罩用餐，用畢立即佩戴口罩。
  - (八) 自主防疫以與居家檢疫同一地點為原則，如與居家檢疫不同地點，須經地方政府同意；如於自宅或親友住所進行自主防疫，以 1 人 1 戶為原則，若無法符合 1 人 1 戶須入住防疫旅宿；另地點更換以一次為限。
  - (九) 違反上述自主防疫規定者，將依傳染病防治法第 69 條裁處新臺幣 1 萬元以上 15 萬元以下罰鍰。

如有出境需要，請您攜帶本通知單，以免因系統註記時間誤差，延誤您出境時間。

- 五、其他居家檢疫相關規範，請遵循衛生福利部公告之「居家隔離及居家檢疫對象應遵守及注意事項」。
- 六、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。
- 七、您或您的親友有權利依照提審法的規定，向地方法院聲請提審。
- 八、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。檢疫期間如有醫療需求，可免費使用 24 小時視訊諮詢 App「健康益友」。(IOS: <https://reurl.cc/Qj14GO>，Android: <https://reurl.cc/Qj14gM>)

※ 依嚴重特殊傳染性肺炎防治及紓困振興條例第 8 條及傳染病防治法第 58 條，居家檢疫及自主防疫對象資訊均上傳至全民健康保險醫療資訊雲端查詢系統，以因應 COVID-19 防治採行必要防範作為，保障國內防疫安全。

## Rules and notification of rights for people in home quarantine

1. Please keep hand hygiene and wash your hands frequently with soap or other cleaning supplies.
2. For mental health services, please call the 24-hour toll-free hotline, 1925.
3. According to Subparagraph 3, Paragraph 1, Article 58 of the Communicable Disease Control Act, after arrival, you must cooperate in undergoing testing at an international port/airport or the hospital as instructed. Also, please properly keep your at-home COVID-19 antigen rapid test kit and take rapid test on designated date.
4. After your home quarantine period ends, please practice self-initiated epidemic prevention for 4 days and abide by the following rules during the self-initiated epidemic prevention:
  - (1) Avoid going outside unless necessary. If you need to go out to work or to buy daily necessities, you should present proof of a negative result from an at-home rapid test taken within two days and wear a medical mask at all times when outside.
  - (2) Please wear a medical mask correctly at all times when outside and avoid entering crowded places or areas where you cannot maintain social distancing (1.5 meters indoors and 1 meter outdoors) or you are likely to come into close contact with nonspecific persons. Furthermore, you are prohibited from dining at restaurants, eating out with other people and attending gatherings.

- (3) You are prohibited from accompanying patients in the hospital.
- (4) If you exhibit COVID-19 symptoms such as fever, coughing, diarrhea, loss of smell or taste, or difficulty breathing, you should take rapid tests using at-home test kits.
- (5) If you test positive on a rapid test, please use telemedicine or video consultations with doctors who would confirm their positive results, make evaluations, and report cases. If you cannot use video calls or fail to schedule a video consultation to confirm their positive results, individuals in home isolation, self-initiated epidemic prevention or home quarantine are allowed to have a friend or relative bring their National Health Insurance cards and rapid test devices/test cards to a clinic or the designated facility in charge of their home care for confirmation by a doctor. If you need to seek medical attention, you can use the Eucare App, which provides free 24-hour video consultation services, or 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.
- (6) Non-essential or non-urgent medical services or examinations must be postponed. In the event that urgent medical services are required, 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 your relative or friend to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).
- (7) Please wear a medical mask at all times and maintain social distancing (1.5 meters indoors) at work; You should dine in your own seat and put on your mask immediately when finishing eating.
- (8) In principle, you should undergo self-initiated epidemic prevention and quarantine in the same location. The approval of your local government is required if you undergo quarantine and self-initiated epidemic prevention in different locations. If you undergo self-initiated epidemic prevention at home or in a residence of a relative or friend, the principle of one person per residence should be followed. If the principle of one person per residence cannot be followed, you should stay in a quarantine hotel; you are allowed to change your quarantine location only once.
- (9) Those who flout the above self-initiated epidemic prevention rules will be fined ranging from NT\$10,000 to NT\$150,000 in accordance with Article 69 of the Communicable Disease Control Act.

If you need to go abroad, please bring the notice with you to facilitate departure process.

5. For other home quarantine related regulations, please follow the notes for people in home isolation and home quarantine issued by the MOHW.
  6. 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.
  7. You, a relative, or a friend all have the right to petition the local court for relief in accordance with the Habeas Corpus Act.
  8. An appropriate conduct of leaving the house 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. If you need medical care during quarantine, you can use the Eucare App, which provides free 24-hour video consultation services (IOS: <https://reurl.cc/Qj14GO>, Android : <https://reurl.cc/Qj14gM> ).
- ※ According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 58 of the Communicable Disease Control Act, all information on individuals practicing home quarantine and self-initiated epidemic prevention shall be uploaded to the National Health Insurance Medi-Cloud system. In response to prevention and control to COVID-19, it takes necessary precautions to ensure the safety of domestic epidemic.

#### 衛生福利部公告：

「居家隔離及居家檢疫對象應遵守及注意事項」

#### MOHW Announcements:

Home Isolation and Home Quarantine Compliance Items and Notice”



#### 健康益友 App

Eucare App

Android 版

iOS 版



#### 居家檢疫期間檢測措施說明

Description of testing measures during home quarantine

