

國立臺灣大學校園嚴重特殊傳染性肺炎健康關懷問卷 (校外人士使用)
[NTU] Severe Special Infectious Pneumonia (COVID-19) Prevention Form (For Visitors)

更新日期(update): 109 年 05 月 14 日

填寫日期(Date): _____年(Y)____月(M)____日(D)

姓名(Name): _____ 生日(Birthday): _____年(Y)____月(M)____日(D)

身份證/居留證/護照號碼 (ID/ARC/Passport No.): _____

電話或手機號碼 (Telephone or mobile phone number): _____

請注意，若欲順利進入本校館舍，以下旅遊史、追蹤措施、接觸史、是否群聚皆須為「否」，如有不實填報，須負民事、刑事及行政等相關法律責任；如您有任何項目為「是」，請您放棄填寫問卷，待狀況解除後再行填寫。

Attention! In order to enter any NTU buildings, you have to check "No" in the following questions of Travel history, Follow-up Measures, Contact history, and Cluster. If you do not respond honestly, you shall take all legal liabilities therefrom. Please give up filling this questionnaire if you can not honestly check "No" in the aforementioned items.

一、旅遊史 (Travel history) 請問您過去 14 天內，是否有從國外任何地區入境而未完成 14 天居家檢疫，或曾經前往有群聚/確診者活動而經本校公告 14 天內不到校上班上課之國內地點？ Do you escape from 14 days of home quarantine if entering Taiwan from any foreign countries, or have you been to any domestic places declared by NTU as indiscriminately subject to a 14-day absence on the campus ?	<input type="checkbox"/> 否 (No)
二、追蹤措施 (Follow-up Measures) 請問您是否因任何原因，正在進行 14 天居家隔離、居家檢疫、或自主健康管理中？ Are you currently undergoing 14 days of home isolation, home quarantine, or self-health management ?	<input type="checkbox"/> 否 (No)
三、工作性質 (Occupation) <input type="checkbox"/> 郵差(Postman) <input type="checkbox"/> 快遞(Delivery man) <input type="checkbox"/> 物流 (Logistics) <input type="checkbox"/> 學員 (trainee) <input type="checkbox"/> 外包廠商 (Outsourcing Companies) <input type="checkbox"/> 旁聽 (auditor) <input type="checkbox"/> 其他 (Others): _____	
四、接觸史 (Contact history) 請問您過去 14 天內是否有接觸從國外回台之人士？ Have you had contact with people who entered Taiwan from foreign countries in the past 14 days ?	<input type="checkbox"/> 否 (No)
五、是否群聚 (Cluster) 請問您過去 14 天內身邊是否有其他 2 人(含)以上出現下列疑似感染症狀？ 發燒症狀 (額溫 $\geq 37.5^{\circ}\text{C}$)、咳嗽、流鼻水、鼻塞、喉嚨痛、頭痛、呼吸急促、肌肉痠痛、疲倦、味覺或嗅覺喪失、腹瀉 Are there more than 2 people (including 2 people) around you having the following symptoms in the past 14 days? fever (forehead temperature over 37.5°C), cough, runny nose, stuffy nose, sore throat, muscle pain, headache, fatigue, diarrhea, shortness of breath, loss of sense of taste or smell.	<input type="checkbox"/> 否 (No)

本校係依相關醫療及防疫法令，基於公衛或傳染病防治、保健醫療服務及其他法定義務之目的蒐集、處理、利用以上個人資料，您可依個人資料保護法第三條規定行使相關權利，本校將依個人資料保護法就以上個人資料進行妥善保護。您同意並瞭解本校蒐集、處理或利用個人資料之目的及用途。

According to the Medical Care Act and relevant epidemic prevention regulation, National Taiwan University(NTU) will collect, process and use the above personal data to meet the purpose of public health and communicable disease control, health and medical services and the other legal duties. You are entitled to exercise the related rights according to Article 3 of Personal Data Protection Act. NTU will properly protect the above personal data in accordance with Personal Data Protection Act. You have consented and understood the purpose of collection, processing and use of the personal data from NTU.

本人已閱讀過以上說明，且願意提供個人資料，同時聲明以上所有資訊 (包含個人資料) 均正確無誤，如有不實，本人了解須負民事、刑事及行政等相關法律責任。簽名及日期：_____

I certify that I have read the information above and have consented to provide my personal data. I also certify that all above statements (including my personal data) are correct. If there is any false statement, I understand that I shall take all legal liabilities therefrom. Signature and date: _____