

您好，為因應「新冠肺炎」疫情，本校十分關心您的健康，多一分準備，就能多一分安心。請協助我們填寫下列資料，並詳細閱讀注意事項。 Due to the global outbreak of COVID-19, please fill in the following information upon your arrival and read the notes carefully. Thank you.

### 一、基本資料 Basic information

姓名 Name \_\_\_\_\_

身分證字號 ID No. \_\_\_\_\_ / 聯絡手機 Cell Phone No. \_\_\_\_\_

身分識別 Identity: 學術訪客 Academy Guest 一般訪客 Other Guest 廠商 Vendor

遞送 Delivery 消費 Consumer 其他 Others

邀請單位 Department of Invitation: 英文系

連絡人 Contact Person: 鄧綺如助教 / 連絡電話 Phone No.: 63913

### 二、出入境旅遊史與「新冠肺炎」有關接觸史與症狀

#### Traveling Histories before coming semester and Symptoms related to COVID-19

1. 自 2020 年 2 月 12 日至今，有無出國？ Have you ever been abroad after Feb. 12, 2020 ?

否 No 是 Yes

1-1 最近入境日期 The date of your last entry to Taiwan \_\_\_\_\_年(y) \_\_\_\_\_月(m) \_\_\_\_\_日(d)

1-2 最近入境台灣之來源地區 The last city/cities you visited before entering Taiwan \_\_\_\_\_

2. 您是否曾為衛生主管機關列管之嚴重特殊傳染性肺炎（武漢肺炎）居家檢疫或居家隔離個案？

Are you an identified case of home quarantine by the authority? (or Have you ever been)

否 No 是 Yes

3. 您或您家屬是否曾與感染「新冠肺炎」病患有接觸？

Have you or your family ever in any physical contact with the COVID-19 patients?

否 No 是 Yes

4. 最近 14 天內是否因出現以下症狀就醫：發燒（額溫 $\geq 37.5^{\circ}\text{C}$ 、耳溫 $\geq 38^{\circ}\text{C}$ ）、咳嗽、喉嚨痛、呼吸道窘迫症狀（呼吸急促、呼吸困難）、流鼻水、肌肉或關節酸痛、四肢無力

Have you had the following symptom(s) in the past 14 days: Fever (forehead temperature $\geq 37.5^{\circ}\text{C}$ , ear temperature $\geq 38^{\circ}\text{C}$ ), Cough, Sore throat, Short of Breath, Dyspnea, Running nose, Muscle soreness or Joint pain, General fatigue

否 No 是 Yes

★提醒您，在校園請維持手部清潔，保持經常洗手習慣，每日測量體溫，配戴口罩，倘有相關症狀請主動聯絡 1922 防疫專線。Please wash your hands with soap regularly, monitor body temperature every day, wear surgical masks, and if you have symptoms please dial 1922.

★此問卷調查之個人相關資料，僅提供政府衛生相關單位、教育部及本校防疫需求使用。

★請配合「中央流行疫情指揮中心」頒布之「具感染風險民眾追蹤管理機制」，如未依規定配合辦理，將依「傳染病防治法」進行相關罰則。

本人已閱讀過以上之說明並且願意配合防護措施

I have already read the above instructions and I am willing to cooperate.

簽名 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_