

通報日期：_____年__月__日

通報單位：_____

通報人：_____

國立中正大學教職員工生國外旅遊史回報表

Foreign history survey for Staff & Students

109年3月17日版

因應新型冠狀病毒肺炎(武漢肺炎)，為監測疫情，提早協助釐清病情，請協助填寫回報。

若有自覺發燒或呼吸道感染等症狀(體溫 $\geq 38^{\circ}\text{C}$ ，四肢無力、乾咳、呼吸困難/肺炎)，請主動回報所屬系所/單位之防疫窗口人員，並立即戴口罩，盡速就醫。

Why do we report history of foreign travel?

In response to the outbreak of COVID-19, it is important for everyone to be part of this to help control and prevent further transmission.

Whenever you have the following symptoms such as a body temperature of 38°C or 38°C degree Celsius and above, feeling tired or fatigued, hard to breathe or coughing with possible respiratory infection; please contact the epidemic prevention staff at your department or unit, put on a face mask and seek the medical help, as soon as possible.

一、個人資料 Personal Data

單位/系所 Department/Unit		調查日期(西元年) Date of Inquiry	_____年year _____月month_____日day
姓名 Name		性別Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
學號Student ID		身分證號ID number	
出生日期 (西元年) Date of Birth:	_____年year _____月month_____日day	國籍Nationality	<input type="checkbox"/> 本國籍Taiwan <input type="checkbox"/> 其他Other Nationality, 國籍 Nationality: _____
居住地 Accommodation Address		聯絡電話 Phone Number	
職業 Occupation		是否為醫療機構人員* Work for medical institutions as staff members*	<input type="checkbox"/> 否No; <input type="checkbox"/> 是Yes, 職稱Job Title: _____

註：*醫療機構人員包含：醫師、護理師、其他醫事人員、醫學院學生、醫院志工、清潔人員、外包人員、醫院餐廳員工、與救護人員等。

*Staff members who work in the medical institutions include people who work as doctors, nurses, other medical professionals, medical students, volunteers, cleaners, contracted workers, restaurant staffs in the hospitals and ambulance technicians.

二、請問您 3 月 2 日以後自哪個國家入境台灣？

Which country did you enter Taiwan from after March 2, 2020?

具中港澳、南韓、伊朗、歐洲申根國家、英國、愛爾蘭、杜拜、東歐 13 國、中東 15 國與 1 地區、北非 5 國及中亞 9 國等國際旅遊疫情建議等級第 3 級之國家

China, Hong Kong, and Macau, South Korea, Iran, Euro-countries on Schengen Area, The UK, Ireland, Dubai, 13 countries in Eastern Europe, 15 countries and one territory in the Middle East, five countries in Northern Africa, and nine countries in Central Asia: of which are raised the travel notice to Level 3: Warning by CECC (the Central Epidemic Command Center, Taiwan)

國際旅遊疫情建議等級第 1、2 級之國家

The countries and territories which are listed to Level 1 & 2 travel notice by CECC (the Central Epidemic Command Center, Taiwan)

其他國家 Other : _____

備註：國際旅遊疫情建議等級第 1、2、3 級之國家請參照疾病管制署網頁公告

Check out for more details on web of CECC or Ministry of Foreign Affairs if you don't understand the coverage of travel notice clearly.



三、入境日期 Date of entry : _____ 年 year _____ 月 month _____ 日 day

四、請問您入境台灣前，是否過境其他國家？ Before you entered Taiwan, have you ever transited in other countries?

無 No

有 Yes : Please note the countries and territories where you had transited before you arrived to Taiwan. _____

五、轉機日期 Date of transition : _____ 年 year _____ 月 month _____ 日 day

六、14 天內接觸史調查 Inquiry of the history of personal contacts in the 14-day period :

(一) 是否曾接觸有發燒或呼吸道症狀人士 Have you ever been in contact with someone

who has a fever or respiratory symptom : 否 No ; 是 Yes (續填以下欄位, 可複選 If yes, please continue)

接觸場所為 Where in contact with that person :

- 同住 Shared accommodation or live together
- 同處工作 Working place or work together
- 醫療院所 In hospitals or clinics
- 其他, 請註明 Others

接觸起迄日期 When did you make contact with : From _____ Year _____
Month _____ Day to _____ Year _____ Month _____ Day

(二) 是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例 Have you ever been in contact with someone who might have a suspected or confirmed condition of Communicable Severe Pneumonia? : 否 No ; 是 Yes (續填以下欄位, 可複選 if yes, please continue)

接觸場所為 Where in contact with that person :

- 同住 Shared accommodation or live together
- 同處工作 Working place or work together
- 醫療院所 In hospitals or clinics
- 其他, 請註明 Others _____

接觸起迄日期 When did you make contact with : From _____ Year _____
Month _____ Day to _____ Year _____ Month _____ Day

(三) 是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例之呼吸道分泌物、體液 (包含實驗室檢體) Have you ever been in contact with someone who might have a suspected or confirmed condition of Communicable Severe Pneumonia? :

否 No ; 是 Yes (續填以下欄位, 可複選 if yes, please continue)

接觸場所為 Where in contact with that person :

- 同住 Shared accommodation or live together
- 同處工作 Working place or work together
- 醫療院所 In hospitals or clinics
- 其他, 請註明 Others _____

接觸起迄日期 When did you make contact with: From_____ Year_____ Month_____ Day to_____ Year_____ Month_____ Day

七、身體健康情況 Health condition:

(一)發燒 fever (38 度以上 degree 38) (Have a fever or Have your body temperature reached 38 degrees and above?)

無 No 有 Yes

(二)其他症狀 Any other symptoms?

無 No

有 Yes: 四肢無力 weakness or fatigue condition 乾咳 dry cough

喉嚨痛 Sore throat 呼吸困難 short breathing

胸痛 chest pain 腹瀉 Diarrhea

其他 Other concerned symptoms:_____

(三)是否就醫 Have you seen the doctors for medical treatment or not?

無 No (if not, please go to the hospital for treatment ASAP.)

有 Yes: 就醫地點 Please name the medical clinic or hospital you have visited_____

(四)是否做流感快篩 Have you done the Flu screening?

無 No

有 Yes: 流感快篩結果 Results of Flu Screen:

流感陽性 Positive 流感陰性 Negative

(五)是否做新冠肺炎喉頭採驗 Have you done the COVID-19 screening?

無 No

有 Yes: 新冠肺炎喉頭採驗快篩結果 Results of COVID-19 Screen:

陰性 Negative

疑似新冠肺炎 suspect of COVID-19

確診新冠肺炎 Confirmed diagnosis of COVID-19

其他 Other: _____

負責單位: 學務處衛生保健組 (Health Center; email:health@ccu.edu.tw)