

防範新型冠狀病毒肺炎健康聲明表

Health Declaration Form - Novel Coronavirus (COVID-19) Precautionary Measures

姓名Name

機構Organization

部門/系所Department

手機號碼Mobile Phone

過去14天無國外旅遊史。(無勾選此項者不得進入本中心場域)

You are **NOT** with the overseas travel history in the past 14 days.

(Those who do not check this box are not allowed to enter the NSRRC.)

● 請問您過去 14 天是否有發燒、咳嗽或呼吸急促症狀？已服藥者需填寫“是”！

Have you had symptoms such as fever, cough or shortness of breath during the past 14 days? For those who have and took medications, please choose “yes.”

是Yes ·  發燒fever  咳嗽cough  呼吸急促shortness of breath  其他症狀other \_\_\_\_\_

否No。

● 請問您在過去 1 個月內，是否到過其他國家？

Have you been to other countries in the past ONE month?

是Yes · 我有去I have been to \_\_\_\_\_ 國家country/城市city / province \_\_\_\_\_，

從from \_\_\_\_\_ mm / dd 到to \_\_\_\_\_ mm / dd，並已完成and completed

自主健康管理the Self-health Management for \_\_\_\_\_ 日days。

居家檢疫the Home Quarantine /  居家隔離the Home Isolation for \_\_\_\_\_ 日days。

否No。

● 請問您在過去 1 個月內，是否與於2月份或3月份到過其他國家的人士面對面接觸過？

In the past ONE month, did you come in close contact with anyone who has been to other countries in February or March?

是Yes · 何時When: \_\_\_\_\_ 月mm / 日dd \_\_\_\_\_，

這個人來自and the person comes from: \_\_\_\_\_ 國家country/城市city / province \_\_\_\_\_。

否No。

★依國輻中心規定，進入本中心人員應誠實填寫，並配合必要檢疫措施；如有拒絕、規避妨礙或填寫不實者，本中心可拒絕其進入。

★According to the NSRRC regulations, everyone is required to accurately complete and submit this form at the NSRRC Security Guard Office upon entering the campus. Anyone who refuses to do so will not be allowed to enter the NSRRC.

簽名Signature

日期Date (年YYYY / 月MM / 日DD)

體溫 (額溫 / 耳溫) : \_\_\_\_\_ °C (由警衛室同仁填寫 Filled in by NSRRC)