

勞動部勞動及職業安全衛生研究所

新型冠狀病毒 COVID-19 防疫及健康聲明表

COVID-19 Health Declaration Card

填表日期: 110 年 月 日

來訪廠商名稱 Company name		拜訪部門/員工 Interviewed Employee Dept. /Person	/
姓名 Visitor Name			

- 請問您是否於這 14 天內出現過以下症狀?(可複選)
(Have you had these symptoms during the past 14 days?)(check all that apply)
高燒(>38°C) High fever(> or 38 °C) 乾咳(dry cough) 倦怠(Fatigue)
咳嗽有痰(Productive cough) 呼吸困難或急促(Shortness of breath)
肌肉或關節痛(Myalgia or joint pain) 喉嚨痛(Sore throat) 頭痛(headache)
發冷(Chillness) 噁心或嘔吐(Nausea or vomiting)
其他(Others)_____症狀 無(None)
- 請問您 14 天內是否曾和診斷為特殊傳染性肺炎(COVID-19)患者之個案有接觸?
 接觸定義：自個案發病日起至隔離前，在無適當防護下曾有長時間（大於 15 分鐘）面對面或距離兩公尺以內之接觸，或同住者
 (Did you come in close contact with confirmed case of COVID-19 during the past 14 days?)
(A close contact is someone who has been face to face or at a distance of less than 2 meters for at least 15 minutes unprotectedly; or a person living in the same household)
是(Yes) 請敘述接觸情況與接觸日期(Situation and date of contact):
否(No)
- 請問您於這 14 天內是否曾與自國外入境台灣或其他需居家檢疫、居家隔離、自主健康管理者有接觸?
(Did you come in close contact with someone who was required to be home isolated, home quarantined, or have self-management of health during the past 14 days?)
是(Yes) 請敘述接觸情況與接觸日期(Situation and date of contact):
否(No)
- 體溫測量結果 Body temperature. : _____ (現場測量)

針對以上健康聲明問卷個人填報資料，完全屬實；若有隱瞞或不實，個人願依法負擔所有法律責任。
I thereby certify that all of the above declarations are true. If there is any concealment or falsification, I acknowledge that I will be held legally responsible.

本人承諾遵守勞動及職業安全衛生研究所內之各項健康管理措施，若於勞動及職業安全衛生研究所內自覺有發燒、咳嗽、呼吸急促等不適，應主動通知安環小組。
I will abide by the health measures taken by ILOSH. If symptoms such as fever, cough, dyspnea... etc. develop, I will report immediately to the Environment, Health and Safety office of ILOSH.

立聲明人 Certified by : _____ 日期 Date : _____