

中國醫藥大學防疫通報網個人資料蒐集告知聲明(校外訪客版)

China Medical University Personal Data Collection for Severe Special Infectious Pneumonia Prevention (for Visitors)

中國醫藥大學防疫通報網（以下簡稱通報網）依據教育部來函、「傳染病防治法」、「個人資料保護法」第十九條「為增進公共利益所必要」以及因應「嚴重特殊傳染性肺炎」（武漢肺炎）疫情，辦理相關防治措施，需請您提供相關個人資料。

- 一、蒐集機關：中國醫藥大學
- 二、蒐集之目的：公共衛生或傳染病防治、保健醫療服務、政令宣導、教育或訓練行政、衛生行政、其他依教育部等主管機關要求之目的。
- 三、蒐集之個人資料類別：識別類、社會情況類、健康與安全紀錄及其他各項有關檢疫與防治措施作業所必須提供之個人資料。
- 四、防疫通報所蒐集之個人資料利用之期間、地區、對象及方式：
 1. 所蒐集之相關個人資料將依據「傳染病防治法」相關規範辦理，於必要時提供相關執行傳染病防疫工作執行處理、利用個人資料。
 2. 「重大傷病及法定傳染病護理紀錄」依據國家發展委員會檔案管理局公告之大專校院類檔案保存年限辦理，於校務行政作業所及地區內依法處理、利用個人資料。
- 五、當事人權利：您得針對個人資料依個資法規定行使請求查詢、閱覽、製給複製本請洽【04-22053366 轉分機 1250】。
- 六、各項資料如未完整提供，將可能觸及政府公告之第五類法定傳染病相關各項防疫措施，違反校內師生健康利益。

According to the Ministry of Education, the Infectious Disease Control Act, and the Personal Information Protection Act- Article 19 “For the purpose of public interest”, please provide the following personal information for the Severe Special Infectious Pneumonia preventive measures.

You may claim the rights to inquire, review, and make duplication of your personal data.(Please call 04-22053366 #1250)

Failure to provide accurate personal data may violate the preventive measures announced by the government and do harm to the rights of China Medical University.

同意 Agree

不同意 Disagree

中國醫藥大學嚴重特殊傳染性肺炎入校健康關懷單

China Medical University Survey for Severe Special Infectious Pneumonia Health Declaration

因應「嚴重特殊傳染性肺炎」疫情，本校為全校師生健康把關。請協助我們確實填寫下列資料，並詳細閱讀注意事項，以保障您與家人及校園的健康安全，祝您健康如意！

For the prevention of the Severe Special Infectious Pneumonia and keeping a healthy campus, please fill in the survey with accurate information and read the health information carefully.

姓名 Name		出生 年月日 Date of Birth	____年(Y)____月 (M)____日(D)	性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 Others
拜訪單位 Visited Department/ Office				電子信箱 E-mail	
身分證 ID				聯絡電話 Phone / 手機 Mobile	
<p>1. 最近 21 天內是否有出入境 Have you been abroad in the past 21 days ?</p> <p><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</p> <p>若有，請列出國家(或地區)，若有多國(含轉機)請一併寫出：If yes, Please list all the visited countries including transfer regions :</p> <p>_____</p>					
<p>2. 最近 7 天內是否出現以下症狀 During the past 21 days, have you had any of the following symptoms :</p> <p><input type="checkbox"/>發燒(額溫$\geq 37.5^{\circ}\text{C}$，耳溫$\geq 38^{\circ}\text{C}$) Fever($\geq 38^{\circ}\text{C}$)</p> <p><input type="checkbox"/>咳嗽 Cough</p> <p><input type="checkbox"/>呼吸道窘迫症狀(呼吸急促、呼吸困難) Shortness of breath</p> <p><input type="checkbox"/>味或嗅覺喪失 Loss of sense of smell and taste</p> <p><input type="checkbox"/>不明原因腹瀉 Unexplained diarrhea</p> <p><input type="checkbox"/>其他症狀 Other Symptoms : _____</p> <p><input type="checkbox"/>否 No</p>					
<p>3. 請問您或您的家人最近 7 天內是否曾與確診人員、居家隔離、居家檢疫人員接觸或與確診者活動軌跡重疊？ In the past 21 days, have you or your family member had contact with any patient(s) with COVID-19 or anyone who is undergoing home isolation or home quarantine? Have you ever been to any of the locations listed by CDC, where the confirmed cases have visited?</p> <p><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</p>					
<p>4. 您是否為衛生主管機關列管之嚴重特殊傳染性肺炎自主健康管理、居家檢疫或居家隔離個案 Have you ever been regarded as a home quarantine case by the authorities of the Centers for Disease Control, Taiwan ?</p> <p><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</p>					

請詳細閱讀以下注意事項，在回國或來台 21 天內配合防疫措施，並且簽名

Please read the following information if you returned to Taiwan from abroad within 14 days

1. 2020/3/21 起全球地區均列為三級流行地區，具國外旅遊史者均須居家檢疫 14 天，檢疫期滿應再自主健康管理 7 天。
2. 居家隔離、居家檢疫、或自主健康管理的期間內，請勿進入校園到校。
3. 若您曾與居家隔離、居家檢疫者接觸，在其居家隔離、居家檢疫未到期前，請勿進入校園。
4. 若您現在仍有發燒 ($\geq 38^{\circ}\text{C}$)、咳嗽、呼吸道窘迫症狀(呼吸急促、呼吸困難)、味或嗅覺喪失、不明原因腹瀉等症狀，請勿進入校園，待無症狀後 24 小時，方能入校。

1. Starting from 2020/3/21, the whole global areas have been listed as Level 3 travel warning. For those who has traveled abroad need to undergo a 14-day home quarantine plus an additional 7-day self-health management.
2. Please do not come to the CMU campus during the period of home isolation, home quarantine or self-health management.
3. If you have ever contacted with anyone who is undergoing home isolation or home quarantine, please do not entering CMU until the person has completed his term of home isolation or home quarantine.
4. If you are having symptoms like fever ($\geq 38^{\circ}\text{C}$), coughing, respiratory distress syndrome (shortness of breath or dyspnea), loss of senses of smell and taste, unexplained diarrhea... etc. Please stay home to rest, and do not enter CMU campus until 24 hours after the total relief of the symptom.

備註：各項追蹤管理機制，依中央流行疫情指揮中心公告更新為主。

Notice: The preventive measures may vary according to the latest information from the Central Epidemic Command Center.

提醒您：

※依「傳染病防治法」第 62 條規定，不實填報者處三年以下有期徒刑、拘役或新臺幣五十萬元以下罰金。

※依「傳染病防治法」第 36 條、第 70 條規定，如未確實遵守各項自主健康管理規定可處新臺幣 3,000 至 15,000 元不等罰鍰，得按次連續處罰。

REMINDER:

※According to Article 62 of the Communicable Disease Control Act, those who fail to report truthfully will be sentenced to imprisonment of no more than three years, criminal detention or a fine of less than NT\$500,000.

※According to Articles 36 and 70 of the Communicable Disease Control Act, if you fail to comply with various autonomous health management regulations, you will be fined ranging from NTS 3,000 to NTS 15,000. Additional fine may be imposed for each violation.

本人已閱讀過以上之說明並且願意配合防護措施_____

I have read the above information and will cooperate with the preventive measures.

簽名 signature : _____

日期 Date : _____