

中華大學來賓、廠商入校洽公健康調查聲明
CHU COVID-19 Disclosure Statement

為配合國家防疫工作，以及本校各項防疫事務推動。相關人員進入校園需填寫健康調查聲明，以防止病疫傳播，敬請來賓、廠商務必詳實填寫。Due to the global outbreak of COVID-19, we need to cooperate with the national epidemic prevention requirements, as well as adjust the school's prevention affairs.

Relevant personnel are required to fill out a health investigation statement when entering the campus to prevent the spread of the epidemic. Thank you.

單位名稱 Company Name : _____ 來校日期/時間 Date & Time of coming : _____

入校人員姓名 Name : _____ 入校人員電話 Phone number : _____

洽訪部門 Contact department : _____ 洽公事由 Business reasons : _____

洽訪人員姓名 Employee name : _____ 洽訪人員電話 Employee phone number : _____

離校日期/時間 Date & Time of leaving : _____

受訪部門核章 Interviewed department approval : _____

1. 近期 1 個月內是否到過其他國家? 哪些國家: _____

Have you been to other countries in the past month? Which countries? _____

是 Yes 否 No

(往返期間 Time period: _____年 Year _____月 Month _____日 Day 至 to _____年 Year _____月 Month _____日 Day)

2. 近期 1 個月內是否有接觸到有出國史的人員(含親友)? Have you been in contact with anyone who has a history of going abroad (including relatives and friends) in the past month?

是 Yes 否 No

3. 近期 1 個月內是否有出現以下症狀: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、失去嗅覺味覺、腹瀉
Have you had the following symptom(s) in the past 30 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, loss of taste or smell, and Diarrhea

是 Yes 否 No

4. 是否因上述症狀就醫或服藥? Have you received any medical treatment or medication due to the above symptoms?

是 Yes 否 No

(服藥後狀況是否改善 Has the condition improved after taking the medicine? 是 Yes 否 No)

5. 過去 21 天內，是否接觸到確診病例? Within past 21 days, have you been in close proximity to anyone who has tested positive for COVID-19?

是 Yes 否 No

6. 過去 21 天內，是否接觸到自主健康管理、居家檢疫、居家隔離人員? Within the past 21 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

是 Yes 否 No

7. 最近 21 天內，是否出入疾管局公佈之確診人員匡列公共場所足跡範圍? Within the past 21 days, have you been to the public places visited by cases in the community during Infectious Period?

是 Yes 否 No

備註 Remark:

1. 依據上述所提供之各項訊息，敬請各來賓、廠商務必據實填寫，如有隱匿之情形，將病疫傳播於本校，而造成人員生命財產安全受損，若經查證屬實，本校將進行法律求償。Based on the information provided above, guests and vendors are kindly requested to fill in the facts. In case of any concealment of symptoms or travel history, the disease will be transmitted to our school, resulting in damage to the safety of people's lives and property. If verified, our school reserves the right to make legal claims.

2. 提醒依據傳染病防治法第 48 條及第 67 條，除逕行強制處分外，並得處新台幣 6 萬元以上 30 萬元以下罰鍰。另傳染病獎勵辦法中，主動通報發現傳染病(源)，並經主管機關證實者，依法可以給予 1000~10 萬元獎勵，敬請配合，感謝。We kindly remind you that in accordance with Articles 48 and 67 of the Law on the Prevention and Control of Infectious Diseases, in addition to the mandatory sanctions, a fine of NT \$ 60,000 to 300,000 can be imposed.

Those who proactively report the discovery of an infectious disease, (source) and have it confirmed by the competent authority, will be given a reward of NT \$1,000 to 100,000 according to law. Please cooperate and thank you.