

CCU Health Care Survey for COVID-19

Update: 109/04/15

Dear Sir or Madam, in response to the COVID-19 outbreak, CCU prepared a survey for you as we really care about your health, and we believe well preparation can bring us through the pandemic. Please fill in the following information and read the notice carefully. Wish you good health and happiness.

This survey is for extramural visitors who participated in the activities or business

Name : _____ Date of Birth : _____ YYYY __MM__DD

Sex : Male Female

(Invited)Department/Unit : _____

Extramural Unit/Company : _____

Name of the event (business) participated in CCU : _____

Date of the event (business) participated in CCU :

_____ YYYY __MM__DD to _____ YYYY __MM__DD

Phone Number: _____ Email Address : _____@_____

1. Have you entered Taiwan from abroad in 2020? Yes If no, skip Q2
2. Questions about entering Taiwan (Including Transiting):
 - (1) Enter Taiwan from _____(country) , Date : _____ YYYY __MM__DD
 - (2) Transit in Taiwan from _____(country) , Date : _____ YYYY __MM__DD
3. Have you had any of the following symptoms during the past 14 days :
None Fever above 38 °c Cough, Sore Throat, Running Nose Diarrhea
Symptoms of Respiratory Distress (Tachypnea 、 Breathless) Loosing sense of smell or taste
Sore Muscles/Muscles Aches Arthralgia Other Symptoms _____
4. Have you been screening for flu or COVID-19 ? No Yes , Screening Items : Flu
COVID-19 ; Date of screening : _____ YYYY __MM__DD ; Result : Negative Positive
Hospital of taking screen: _____
5. Flu _____ ; Date of screening : _____ YYYY __MM__DD ; Result : Negative Positive
6. Have you and your family members contacted with patients infected with COVID-19 ?
No Yes , Relationship _____ , Date _____
7. Have you ever been regarded as a home quarantine or self-management case by the authorities of the Centers for Disease Control, Taiwan?
No Yes , Type : Home Isolation Home Quarantine Self-Management ; Date _____
YYYY __MM__ DD to _____ YYYY __MM__ DD

Please read the following notice carefully and cooperate with the precautions of our school during the period of time :

1. Please fill out the "National Chung Cheng University Campus COVID-19 Health Care Survey" online after April 20, 2020, and print or forward the survey note(e-mail) to the unit which have invited you for retention. This sheet is for those who cannot complete the above methods.
2. Carry out not to attend work and class if having a fever. **Please wear a mask in the campus** and enter the buildings with temperature measurement. If you get a fever (temperature above 38°C) please immediately leave school for medical treatment. Please inform the doctor of travel, exposure and residence history automatically.
3. Keep your hands clean and wash your hands regularly. Use soap or alcohol hand sanitizer for hand hygiene. Try not to touch your eyes, nose and mouth directly with your hands.

I certify that I have read the information above and will cooperate with the CCU precautions

Signature : _____ Date : _____YYYY____MM____DD