

通報日期：\_\_\_\_\_年\_\_月\_\_日  
 通報單位：\_\_\_\_\_  
 通報人：\_\_\_\_\_

## 國立中正大學教職員工生國外旅遊史回報表

### Foreign history survey for Staff & Students

109年7月29日版

因應新型冠狀病毒肺炎(武漢肺炎)，為監測疫情，提早協助釐清病情，請協助填寫回報。  
 若有自覺發燒或呼吸道感染等症狀(體溫 $\geq 38^{\circ}\text{C}$ ，四肢無力、乾咳、呼吸困難/肺炎)，請主動回報所屬系所/單位之防疫窗口人員，並立即戴口罩，盡速就醫。

Why do we report history of foreign travel?

In response to the outbreak of COVID-19, it is important for everyone to be part of this to help control and prevent further transmission.

Whenever you have the following symptoms such as a body temperature of  $38^{\circ}\text{C}$  or  $38^{\circ}\text{C}$  degree Celsius and above, feeling tired or fatigued, hard to breathe or coughing with possible respiratory infection; please contact the epidemic prevention staff at your department or unit, put on a face mask and seek the medical help, as soon as possible.

#### 一、個人資料 Personal Data

單位/系所 Department/Unit		調查日期(西元年) Date of Inquiry	_____年year _____月month_____日day
姓名 Name		性別Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
學號Student ID		身分證號ID number	
出生日期 (西元年) Date of Birth:	_____年year _____月month_____日day	國籍Nationality	<input type="checkbox"/> 本國籍Taiwan <input type="checkbox"/> 其他Other Nationality, 國籍 Nationality: _____
居住地 Accommodation Address		聯絡電話 Phone Number	
職業 Occupation		是否為醫療機構人員* Work for medical institutions as staff members*	<input type="checkbox"/> 否No; <input type="checkbox"/> 是Yes, 職稱Job Title: _____

註：\*醫療機構人員包含：醫師、護理師、其他醫事人員、醫學院學生、醫院志工、清潔人員、外包人員、醫院餐廳員工、與救護人員等。

\*Staff members who work in the medical institutions include people who work as doctors, nurses, other medical professionals, medical students, volunteers, cleaners, contracted workers, restaurant staffs in the hospitals and ambulance technicians.

其他，請註明Others\_\_\_\_\_

接觸起迄日期 When did you make contact with: From\_\_\_\_\_ Year\_\_\_\_\_ Month\_\_\_\_\_ Day to\_\_\_\_\_ Year\_\_\_\_\_ Month\_\_\_\_\_ Day

(三)是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例之呼吸道分泌物、體液(包含實驗室檢體) Have you ever been in contact with someone who might have a suspected or confirmed condition of Communicable Severe Pneumonia? :

否 No ;  是 Yes (續填以下欄位，可複選 if yes, please continue)

接觸場所為Where in contact with that person :

同住Shared accommodation or live together

同處工作Working place or work together

醫療院所In hospitals or clinics

其他，請註明Others\_\_\_\_\_

接觸起迄日期 When did you make contact with: From\_\_\_\_\_ Year\_\_\_\_\_ Month\_\_\_\_\_ Day to\_\_\_\_\_ Year\_\_\_\_\_ Month\_\_\_\_\_ Day

七、身體健康情況 Health condition :

(一)發燒 fever (38 度以上 degree 38) (Have a fever or Have your body temperature reached 38 degrees and above?)

無 No  有 Yes

(二)其他症狀 Any other symptoms?

無 No

有 Yes :  四肢無力 weakness or fatigue condition  乾咳 dry cough

喉嚨痛 Sore throat  呼吸困難 short breathing

胸痛 chest pain  腹瀉 Diarrhea

其他 Other concerned symptoms:\_\_\_\_\_

(三)是否就醫 Have you seen the doctors for medical treatment or not?

無 No ( if not, please go to the hospital for treatment ASAP.)

有 Yes : 就醫地點 Please name the medical clinic or hospital you have visited\_\_\_\_\_

(四)是否做流感快篩 Have you done the Flu screening?