Health Declaration Form

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| **To cope with the epidemic prevention measures of COVID-19, please fill out this Health Declaration Form:**  In accordance with the Medical Care Act and relevant epidemic prevention regulation, your personal data collected, processed, and used by National Sun Yat-sen University (NSYSU) via the health declaration is required to meet the purpose of public health, epidemic prevention, and other legal duties. You are entitled to exercise the related rights according to Article 3 of Personal Data Protection Act. NSYSU will properly protect your personal data in accordance with Personal Data Protection Act. Your data will be retained for 28 days upon submission and destroyed after that.  □ I have consented and understood the purpose of collection, processing and use of the personal data. |

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| --- | --- | --- | --- |
| Name |  | | |
| Mobile Phone no. |  | Date |  |

1. Have you returned from overseas in the past 14 days?

□No □Yes. Please write down your return date and the countries / regions you

have been to：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2、Have you had the following symptoms?（Multiple Choices）

□No

□Fever（forehead temperature≧37.5ºC, ear temperature≧38ºC）

□Cough □Sore throat

□Runny nose □Muscle soreness or joint pain

□Shortness of breath, difficulty in breathing □Limb weakness

□Loss of smell or taste □Diarrhea, more than 3 times a day

□Others：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3、Are you an identified case of quarantine by the authority?

□No □Yes

4、Have you or your family ever in any physical contact with the COVID-19 patients?

□No □Yes

5、In the past 14 day, have you been in any physical contact with family member or

relatives returning from overseas?

□No □Yes

6. In the past 14 day, have you been to places announced by the CDC official website?

□No □Yes, location:\_\_\_\_\_\_\_\_\_

Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_