

公司名稱: _____

因應疫情調查，請配合填寫 TOCC 評估表-健康聲明卡

In response to epidemic survey, please cooperate in filling out the TOCC assessment form-health declaration card

1、您最近 14 天內是否有以下症狀： Have you had the following symptoms in the past 14 days:				
<input type="checkbox"/> 發燒 (額溫 $\geq 37.5^{\circ}\text{C}$) Fever (forehead temperature $\geq 37.5^{\circ}\text{C}$)	<input type="checkbox"/> 咳嗽 Coughing	<input type="checkbox"/> 流鼻水 Runny nose	<input type="checkbox"/> 鼻塞 Clogged nose	<input type="checkbox"/> 喉嚨痛 Sore throat
<input type="checkbox"/> 肌肉痠痛 Muscle ache	<input type="checkbox"/> 頭痛 Headache	<input type="checkbox"/> 極度疲倦感 Extreme tiredness	<input type="checkbox"/> 腹瀉 Diarrhea	
<input type="checkbox"/> 嗅覺或味覺喪失 Loss of smell or taste	<input type="checkbox"/> 無 None	<input type="checkbox"/> 其他 Others _____		
2、接觸史: Contact tracing:				
<input type="checkbox"/> 有朋友/同事(家人)自國外回國有發燒 A friend/colleague (family) returned to the country from abroad and had a fever			<input type="checkbox"/> 曾出入機場 Have been in and out of the airport	
<input type="checkbox"/> 曾去醫院診所看診:請說明(醫院/診所名稱): Visited a hospital or clinic: Please specify (hospital/clinic name):			<input type="checkbox"/> 與新冠肺炎症狀的患者接觸 Contact with patients with symptoms of COVID-19	
<input type="checkbox"/> 禽鳥類接觸如雞、鴨畜類 接觸:如豬、貓、狗等 Poultry and birds contact such as chickens, ducks and livestock Contact: such as pigs, cats, dogs, etc.			<input type="checkbox"/> 無 None	
<input type="checkbox"/> 其他: 有朋友/同事(家人)自國外回國 21 日內哪一國? 請說明: Others: Have a friend/colleague (family) return from abroad which country within 21 days? Please specify:				
3、群聚史: Gathering history:				
<input type="checkbox"/> 有, 請繼續填寫(發生地點): Yes, please continue to fill in (location of occurrence): <input type="checkbox"/> 鄰居近期內有發燒或新冠肺炎症狀 Neighbors have had fever recently or symptoms of COVID-19 <input type="checkbox"/> 朋友近期內有發燒或新冠肺炎症狀 Your friend has a fever recently or symptoms of COVID-19 <input type="checkbox"/> 同事近期內有發燒或新冠肺炎症狀 Colleagues have had fever recently or symptoms of COVID-19			<input type="checkbox"/> 無 None	
4、同住家人是否有居家檢疫、居家隔離或健康自主管理 Whether family members are in home quarantine, home isolation or self-health management				
<input type="checkbox"/> 有, 請繼續填寫: Yes, please continue to fill in: <input type="checkbox"/> 朋友/同事(家人)有居家檢疫中 Friends/colleagues (family) are in home quarantine <input type="checkbox"/> 朋友/同事(家人)有居家隔離中 Friends/colleagues (family) are in home isolation <input type="checkbox"/> 朋友/同事(家人)有健康自主管理中 Friends/colleagues (family) are in self-health management			<input type="checkbox"/> 無 None	

※配合防疫人人有責，本人對上述問題均據實填寫，若有隱匿接受傳染病防治法究責，無異議。
Everyone is responsible for cooperating with epidemic prevention. I filled out the above questions according to the facts. If there is any concealment, I will be held accountable by the Infectious Disease Prevention and Control Law, with no objection.

填寫人簽名	電話	日期	年	月	日
Signature of	Contact No. :	Date :	Y	M	D
Person who filled up :					