

國立嘉義大學校園嚴重特殊傳染性肺炎(武漢肺炎)健康關懷問卷

National Chiayi University Healthcare Survey for Coronavirus disease 2019 (Wuhan Pneumonia)

新制日期：109.02.25

您好，由於 2019 新型冠狀病毒(武漢肺炎)迅速蔓延，因應疫情「健康關懷問卷」調查」對象為本校教職員工生及進入校園之訪客，需每 2 週調查一次(非本校正式教職員工及非正式學籍學生，身份請點選訪客)。為配合政府協助防疫，也為了維護校園師生的健康，本次調查日期為「109.03.02~109.03.13」，請您協助填寫以下表單，非常感謝您的配合。

Due to the rapid spread of Coronavirus disease 2019 (Wuhan Pneumonia), the target of the Healthcare Survey in response to the epidemic is NCYU faculty, students and visitors who enter the campus. Those who mentioned should be investigated every 2 weeks. For non-regular faculty and students, please click "Visitor" and fill it out. In order to cooperate with Taiwan government's epidemic prevention and keep NCYU teachers and students healthy, the date of this survey will be started from March 2nd to 13th, 2020. Thanks for your cooperation.

對象 Respondents：

- 臨時工 Contingent worker
- 短期課程班學員 Short course students
- 外包保全人員 Outsource security guard
- 外包清潔人員 Outsource janitors
- 執行工程人員 Executive engineer
- 一般訪客 Visitor
- 其他 Others

姓名 Name：_____

身分證 ID Number：_____

性別 Gender： 男 Male 女 Female

手機 Cell：_____

電子信箱 E-mail address：_____

所屬(或受邀來訪)之系所/單位 Department/ Inst.：_____

校外單位/公司名稱 Name of Inst./ Co.：_____

前來本校參與之活動(公務)名稱 Visit Objective (name of activity)：_____

於本校參與活動(公務)期程 Duration of stay at NCYU：_____年(year)_____月(month)_____

日(day)至 to _____年(year)_____月(month)_____日(day)

1. 出入境台灣史 Histories of Departure Taiwan：

- 無 No
- 有 Yes, _____

2. 最近 14 天內是否出現下列症狀(可複選)：

Do you have any symptoms listed below in the last 14 days? (Multiple response)

無 No

發燒($\geq 38^{\circ}\text{C}$) Fever over 38°C 咳嗽 Cough 喉嚨痛 Pharyngitis (Throat pain) 呼吸道症狀(呼吸急促、呼吸困難) Shortness of Breath 流鼻水 Runny nose 肌肉痠痛 Myalgia (Muscle pain) 關節酸痛 Arthralgia (Joint pain) 其他症狀 Others: _____

3.您或您家屬是否曾與感染嚴重特殊傳染性肺炎(武漢肺炎)病患有接觸?

Have you and your family ever been in any physical contact with the COVID-19 patients?

無 No

有 Yes, 與您的關係是 the relationship with you is _____, 您與病患接觸日期為 and the date of contact with the patient is _____.

4.您是否為衛生主管機關列管之嚴重特殊傳染性肺炎(武漢肺炎)居家隔離、居家檢疫或自我健康管理個案?

Are you now or have you been identified as a case of home isolation, home quarantine or self-health monitoring by Taiwan Health authority?

否 No

是 Yes, 居家檢疫或自我健康管理日期為 the home quarantine or self-health monitoring is started from _____年(year)_____月(month)_____日(day)至 to _____年(year)_____月(month)_____日(day)

請詳細閱讀以下注意事項，於嘉義大學活動期間配合防疫措施

Please read the following information in detail and cooperate with Chiayi University epidemic prevention measures during these period

1. 維持手部清潔，保持經常性洗手，原則上可使用肥皂或酒精性洗手液進行手部衛生。儘量不要用手直接碰觸眼睛、鼻子和嘴巴。

Keep hands clean and wash hands regularly. In principle, soap or alcoholic dry cleaner can be used to keep hands tidy. Do not touch eyes, nose or mouth directly with hands.

2. 校方為保護您的健康，將提供住宿給予需要的學生集中檢疫管理 14 天，管理期間倘若有發燒($\geq 38^{\circ}\text{C}$)、咳嗽、喉嚨痛、呼吸道症狀(呼吸急促、呼吸困難)、流鼻水、肌肉酸痛或關節等不適症狀，請立即戴口罩，主動通報校安中心 271-7373。

For protecting your health, NCYU will provide accommodation to the students who need to do quarantine management for 14 days. If you have a symptom as fever, cough, throat pain shortness of breath, runny nose, muscle pain or joint pain during the quarantine period, please wear surgical mask immediately and contact School Security Center (271-7373).

本人所填資料無誤，且已詳細閱讀以上之說明並且願意配合防護措施。

I confirm that the information given in this survey is true, complete and accurate. I also acknowledge that I have read, understand, and will abide by the above named policies, procedures, codes, and instructions.

簽名 Signature : _____

日期 Date : _____年(year)_____月(month)_____日(day)