輔英科技大學 \_\_\_ 學年度第\_\_\_學期

防範嚴重特殊傳染性肺炎入住宿舍健康聲明書

COVID-19 Health Declaration Document for Accommodation in Dormitory

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| --- | --- |
| 宿舍 Dorm’s name | 寢號-床號 Room No. |
| 姓名 Name | 性別 Gender：□男性 Male； □女性 Female |
| 系級 Department | 國籍 Citizenship |
| 學號 Student ID No. | 手機號 Cell phone no. |

過去 14 天是否有發燒、咳嗽、呼吸急促症狀或其他症狀（已服藥者亦需填寫「是」）?

# Do you have fever, cough, shortness of breath or other symptoms in recent 14 days?

**(for those who had taken medications, please answer “Yes”)**

□是 YES： □發燒 Fever □咳嗽 Cough □流鼻水/鼻塞 Runny/ stuffy nose

□頭痛 Headache □喉嚨痛 Sore throat □呼吸急促 Shortness of breath

□腹瀉 Diarrhea □全身倦怠 Malaise □嗅、味覺異常 Loss of smell or taste

□四肢無力 Limb weakness

□否 NO

入住前體溫 Body temperature before check in： ℃

(由宿舍人員量測及填寫 Measured & filled in by the staff of the accommodation team.)

如有身體不適情形請主動告知宿舍人員(生輔組)；發燒或身體不適者請暫緩入住。If

you feelunwell, please take the initiative to inform the dormitory staff (the dormitory service counter); if

you have a fever or feel unwell, please postpone your check in.

是否在過去一個月內曾經出入境? Whether you have entered and exited the country in the past month？

* 否/NO
* 是/Yes (我去過 I have visited / came from 國家地區 country

從 From 月 month 日 day 到 to 月 month 日 day)

是否是衛生福利部須「居家隔離」、「居家檢疫」、「加強自主健康」或「自主健康管理」者Whether it is the Ministry of Health and Welfare to be "home isolation", "home quarantine", "enhanced- self health management" or "self-health management" were?

* 否/NO
* 是/Yes (□居家隔離 Home Isolation、□居家檢疫Home Quarantine、□加強自主健康Enhanced self-health management、□自主健康管理 Self-health management)

是否接種過新冠肺炎疫苗? Have you injected COVID-19 Vaccine?

* 否/NO
* 是/Yes 疫苗類別Vaccine/劑次Dose：

入住宿舍後：請確實保持個人衛生習慣 please do maintain personal hygiene habits

一、勤洗手、注重個人衛生。外出時應佩戴口罩。Wash hands frequently and maintain good

personal hygiene. Wear the face mask and avoid unnecessary visits.

二、請於入住後的 14 日內，特別注意身體狀況，遇有不適請立即通報宿舍、生輔組或衛保組。Within the first fourteen days of move in, if you experience any symptoms of fever (>=38℃), coughing or sore throat, please start wearing a mask and inform us。

輔英科技大學關心您的健康 Fooyin University

簽名(Signature)： 填寫日期(Date)： 年 月 日 (YYYY/MM/DD)

個資聲明：本項調查所收集之資料僅提供本校各棟宿舍入住時檢視住宿生健康時使用，以確保住宿生整體之安全，絕不使用於其他用途。生輔組亦將確保本項個資之安全，並適時予以銷毀。

Personal information statement: Only collect dormitory materials for collection, and destroy them in due course.