



員、裝潢維修人員等)

## B. 您曾去過的地點及時間

- 曾去過的醫療照護院所(如：藥局、牙醫、中西醫門診、醫院、長照機構等)
- 參加人潮擁擠的活動(如：宗教活動、大型集會等)
- 參加室內通風不良或密閉空間之活動或聚會(如：麻將室、卡拉 OK 等)
- 共同搭乘交通工具或大眾運輸
- 其他可能接觸不特定對象之活動，如健身房、理髮(容)院、賣場、百貨公司、藝文活動等

※ 請您回想後填寫「**COVID-19**確診個案自填版疫調單」，並於接獲公衛人員連繫時，告知疫調相關資訊。

## 如何通知我的密切接觸者

如果您可以聯絡您的密切接觸者，請他們留在家中自我隔離，並主動聯絡衛生單位或等候衛生單位通知。等候期間，請他們佩戴口罩和注意手部衛生並避免與其他同住者接觸或共同用餐，觀察自己是否出現 COVID-19 相關症狀。如果出現發燒咳嗽、喉嚨痛、流鼻水、腹瀉、倦怠、嗅味覺異常、喘等疑似症狀，請以家用快篩進行檢測或連繫各地方政府衛生局或撥打 1999、1922。

COVID-19 確診個案 注意事項	COVID-19 接觸者 注意事項	各地方政府衛生局 聯絡資訊及網站
		

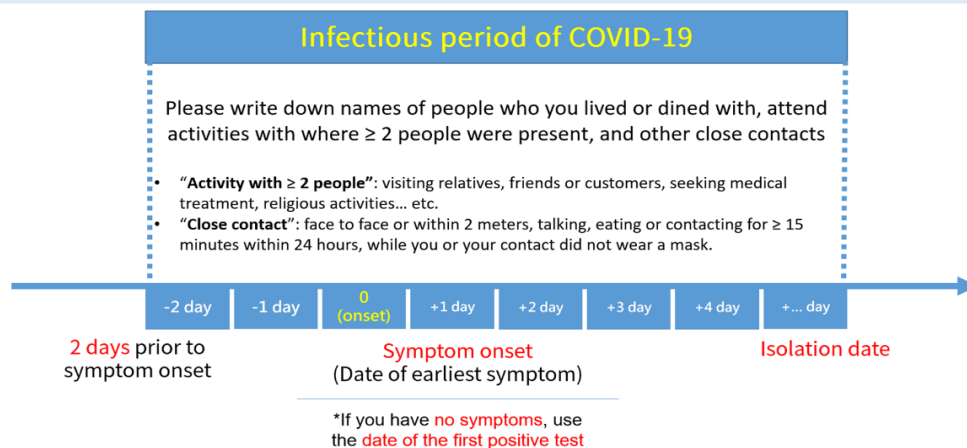
## If I have COVID-19, who are my close contacts?

It is important to tell public health workers who your close contacts are, as they may have been exposed to the virus and are at risk of infection. To protect their health and prevent further transmission of COVID-19, public health workers will arrange PCR testing, quarantine and monitor their health.

### Definition of your close contacts

You could pass on the virus that causes COVID-19 to people around you from 2 days prior to symptom onset (or testing positive) to the day of your isolation (see Figure).

## Infectious period of COVID-19 (schematic diagram)



Please identify **who, when, and where** you have been in close contact with from 2 days before your symptom onset (or testing positive) to the date of being isolated.

**Close contacts** are defined as individuals who had face-to-face contact with you for more than 15 minutes over a 24-hour period while either of you did not wear a mask, or those whom you live, dine, or interact with, including but not limited to:

#### A. People you may have contacted with

- Household contacts (People who lives with you)
- Friends or relatives who you ate with or had gotten together
- People who have visited or provided services in your home (such as: relatives or friends, home health aide, childcare provider, house cleaning servicer, other service providers, etc.)

- Colleagues, clients, or customers who you had face to face contact with



**B. Where and when you may have been**

- Clinics, hospitals or nursing homes you had visited
- Crowded events (for example, religious events, large gatherings, etc.)
- Activities or gatherings with poor indoor ventilation or confined spaces (such as: Mahjong rooms, karaoke, etc.)
- Shared rides or public transportation
- Others who you had contact through other activities, including gyms, barbershops or salons, grocery stores, department stores, or arts and cultural activities etc.

※ Please fill in the "**COVID-19 Self-report Contact Tracing Form**", and provide relevant information when public health workers contact you.

**How to notify my close contacts**

Please get in touch with your close contacts while either of you did not wear a mask. Ask your close contacts to stay at home. Your close contacts may contact the health authority directly or wait for the health authority to make the contact. In the meantime, please wear masks, practice good hand hygiene, avoid contacting or eating with others, and monitor for symptoms which might be caused by COVID-19. If your contacts develop fever, cough, sore throat, runny nose, diarrhea, tiredness, loss of smell or taste, or difficulty in breathing, please use a rapid antigen test or contact the local health bureau. Alternatively, your contacts may seek assistance by dialing 1999 or 1922.

Precautions for COVID-19 cases	Precautions for close contacts of COVID-19	Information and website of local Health Bureau
		

## COVID-19 確診個案自填版疫調單

### COVID-19 Self-report Contact Tracing Form

- ※ 您所填寫的資料均僅限用於疫情調查。切勿洩漏個人資料給無法確認身分之不明人士，如有相關疑問，請洽各地方政府衛生局。
- ※ The information you provide is only used for COVID-19 case investigation. Do not disclose personal information to unknown persons. If you have any questions, please contact the public health bureau.

#### 一、基本資料 | Your information

(一) 姓名 | Name : \_\_\_\_\_

(二) 身分證字號、護照號碼或居留證號碼 | ID, passport number or alien  
resident certificate number : \_\_\_\_\_

(三) 手機號碼 | Phone number : \_\_\_\_\_

(四) 年齡 | Age : \_\_\_\_\_ 歲 (years)

(五) 職業或身分別 | Occupation : \_\_\_\_\_

(六) 您目前工作或就學的公司/學校名稱 | Name of your employment or  
school : \_\_\_\_\_

#### 二、症狀 | Symptoms

(一) 您是否曾經出現症狀？ | Did you have any symptoms?

無症狀 No ,

您**最早檢驗陽性**的日期 (陽性日) | Date of first positive test

(西元 AD) \_\_\_\_\_ 年(year) \_\_\_\_\_ 月(month) \_\_\_\_\_ 日(day)

有症狀 Yes ,

您最早出現症狀的日期（發病日） | Date of symptom onset

（西元 AD）\_\_\_\_\_年(year)\_\_\_\_\_月(month)\_\_\_\_\_日(day)

三、密切接觸者（最早出現症狀或檢驗陽性日的前兩天到被隔離前這段期

間） | Close contacts (from 2 days prior to symptom onset or testing positive

to the day of your isolation)

(一) 您的同住家人或親友 | Family or others who normally live with you

沒有 None

姓名 Name	電話號碼 Phone number

(二) 您聚會或聚餐的親友或其他對象 | Friends, relatives or others who you

ate with or had activities together

沒有 None

姓名 Name	電話號碼 Phone number

(三) 您在**職場或學校的接觸對象**（包含同事、客戶、同學和老師）或**聯絡**

**窗口** | Please list your contacts at work or school, including colleagues, clients, classmates and teachers or the contact person

沒有 **None**

姓名 Name	關係 Relationship	電話號碼 Phone number

(四) 您曾去過的**醫療照護院所**（包含牙醫診所、中西醫診所、急診、醫

院、長照機構） | Please list all clinics, hospitals or nursing homes where you had visited, including dentists, (Chinese medicine) clinics, emergency rooms, hospitals, or nursing homes.

沒有 **None**

日期（月/日） Date (mm/dd)	醫療照護院所名稱 Name of clinics, hospitals, or nursing homes

四、您是否有**慢性疾病或懷孕**？（可複選） | **Do you have any of the following underlying diseases? Are you currently pregnant? (Select all that apply)**

沒有 **No**

**心血管疾病（高血壓除外）**  
Cardiovascular diseases (other than high blood pressure)

**高血壓** High blood pressure

**糖尿病** Diabetes

**氣喘** Asthma

**慢性肺部疾病（氣喘除外）**  
Chronic lung diseases other than asthma

- |   |  |
|---|--|
| <input type="checkbox"/> 肥胖 Obesity (BMI $\geq$ 30) (BMI=[體重 kg $\div$ 身高 m <sup>2</sup> ])               | <input type="checkbox"/> 肝臟疾病 (如：肝炎、肝硬化) Liver diseases (hepatitis, cirrhosis)   |
| <input type="checkbox"/> 代謝性疾病 (如：高血脂等；糖尿病除外) Metabolic diseases other than diabetes (eg. Hyperlipidemia) | <input type="checkbox"/> 腎臟疾病 (如：慢性腎功能不全、長期接受洗腎[血液或腹膜透析]) Kidney diseases (chronic renal insufficiency, receiving hemodialysis or peritoneal dialysis) |
| <input type="checkbox"/> 仍在治療中或未治癒的癌症 Cancer under active treatment                                       | <input type="checkbox"/> 懷孕 (請說明懷孕週數) Pregnant (Fill in weeks of pregnancy)<br>週數 Weeks : _____  |
| <input type="checkbox"/> 免疫低下狀態 Immunodeficiency  | <input type="checkbox"/> 生產後六週內 Within 6 weeks post-partum   |
| <input type="checkbox"/> 神經肌肉疾病 Neuromuscular diseases  | <input type="checkbox"/> 精神疾病 Mental disorders   |
| <input type="checkbox"/> 其他 Others : _____  |  |

## 五、疫苗接種史 | Vaccination history

(一) 您是否曾接種 COVID-19 疫苗？ | Have you been vaccinated against

COVID-19?

否 No       是 Yes, 總共接種(total vaccine doses) \_\_\_\_\_ 劑