臺北醫學大學防疫期間團體活動健康聲明書

1. 姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 性別(Gender)：□男(Male) □女(Female)
3. 請問您最近是否同時間同地點出現於中央流行疫情指揮中心公告之確診足跡相關地點? Have you vistied the places over the time periods that CECC reminded?

□是(Yes) □否(No)

近期足跡公告請參考TMU防疫專區 (TMU COVID-19 Prevention Website)

1. 請問您最近兩周是否出國（包含轉機）？Have you traveled outside of the country in the last two weeks（including transfer）?

□是(Yes) □否(No)

1. 您近兩周曾到過之國家為? Which country have you visited in the last 2 weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 您近兩周曾轉機之國家為? Which country have you transferred to Taiwan in the last 2 weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 請問您近兩周是否有5人以上群聚史(如聚餐、唱歌、喝咖啡、逛街購物、慶生、旅遊等)？ Have you clustered over 5 people in the last 2 weeks ( including dining, karaoke, shopping, birthday party, travel, etc)

□是(Yes) □否(No)

1. 請問您是否於這兩周內出現過以下症狀？（複選）Have you had the following symptoms in the last two weeks? \*

□都沒有 None □發燒（38℃以上）Fever (Above 38℃) □全身倦怠 Fatigue

□肌肉酸痛 Muscle soreness □關節酸痛 Joint pain □喉嚨痛 Sore throat □流鼻水、鼻塞 Nasal congestion / runny nose □咳嗽 Cough □呼吸困難 Shortness of breath 、 □胸痛 Chest pain □嘔吐 Nausea or vomiting □腹瀉 Diarrhea □嗅覺/味覺喪失 anosmia, ageusia□尿量減少 Decreased output of urine □下肢水腫 Foot, leg or ankle swelling □血尿 Blood in urine □胸部影像學檢查（CXR或CT）顯示肺炎 CXR or CT shows pneumonia □其他 Others\_\_\_\_\_\_\_\_

敬請誠實填答以上題目以利維護本校師生健康安全，謝謝您的配合。Please fill in the form honestly to protect the health of our students, faculties and staff, thank you.

活動名稱：楓杏高中團員面談

編號：＿＿＿＿＿＿＿＿＿

簽署人(學員姓名)：＿＿＿＿＿＿＿＿＿

家長或法定代理人：＿＿＿＿＿＿＿＿＿

簽署日期：2021年 9月＿＿＿日