

NHRI Novel Coronavirus Health Declaration

In order to protect everyone, you should provide your contact information, travel history and any airway symptoms/signs.

★According to the NHRI regulations, everyone is required to accurately complete and submit this form before entering the campus. Anyone who refuses to do so will not be allowed to enter the NHRI.★

*R.O.C. Citizen ID Resident Certificate Passport No. _____

*Name : _____

*Telephone : mobile _____ local call _____

*Address (at least 5 Characters) : R.O.C -Non-R.O.C

>> _____

1. Your occupation :

- None
- Medical personnel
- Transportation (e.g. taxi, bus etc.)
- Aviation industry (aircraft crew)
- Tourism industry or Hotel industry (e.g. tour guide etc.)
- Restaurant business
- Agriculture, Forestry, Fishery and Animal Husbandry
- Service industry
- Student
- Others : _____

2. Have you had any display symptoms during the past 14 days? (if take medications, please answer "Yes")

- None Yes Fever ($\geq 38^{\circ}\text{C}$) Cough and short of breathing
 Fatigue General malaise Diarrhea Bleeding Loss of
smell and taste

3. Travel history within the last 14 days

Have you been to (including transfers)?

- Asia America Europe Africa New Zealand or Australia
 Others _____
 None of the above

4. Contacting history within the past 14 days

Have you been in contact with

- Fever or flu-like symptoms persons
 Birds, ducks, etc.
 Livestock such as pigs, cats, dogs, etc.
 None of the above

5. Clustering history within the last month

(1) Living with family members who is/are

- Home isolation Home quarantine
 Independent health management (Due Date: _____)
 None of the above

(2) Family / friends / colleagues status

- Family also has fever or flu-like symptoms
 Friends also have fever or flu-like symptoms
 Colleagues also have fever or flu-like symptoms
 None of the above

Signature _____

Date _____