

# 民眾自費檢驗 COVID-19 申請表

Application Form for Out-of-Pocket Polymerase Chain Reaction (PCR) Testing for Coronavirus Disease 2019 (COVID-19)

申請人姓名 Name	(簽章) (Signature)	證件類型 Type of identification	<input type="checkbox"/> 中華民國身分證 R.O.C Citizen ID <input type="checkbox"/> 居留證 Resident Certificate <input type="checkbox"/> 護照 Passport
出生日期 Date of Birth	西元 年(YYYY) 月(MM) 日(DD)		
病歷號 Medical Record No.		證件號碼(申請人) Identification No.	
法定代理人 Legal representative	(簽章) (Signature)	證件號碼(代理人) Identification No.	
申請原因 Reason	<input type="checkbox"/> 國內親屬(Domestic relatives) <input type="checkbox"/> 國外親屬(Relatives overseas) 居家隔离/檢疫者，因親屬身故或重病等社會緊急需求，需外出奔喪或探視(此對象由地方衛生單位安排) Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. (Arranged by the department of Health care unit) <input type="checkbox"/> 旅外親屬身故或重病等緊急特殊因素入境他國家/地區 To enter other countries for the compassionate reasons listed above. <input type="checkbox"/> 工作 Job requirements <input type="checkbox"/> 短期商務人士(此對象由地方衛生單位安排) Short-term business travelers (Arranged by the department of Health care unit) <input type="checkbox"/> 出國求學 To study abroad <input type="checkbox"/> 外國或中國大陸、香港、澳門人士出境 Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who will depart from Taiwan <input type="checkbox"/> 相關出境適用對象之眷屬 Family members of people traveling abroad for the reasons listed above <input type="checkbox"/> 經嚴重特殊傳染性肺炎中央流行疫情指揮中心同意 Approved by the Central Epidemic Command Center <input type="checkbox"/> 其他因素 Other issues :		
出境資料 Date of Departure 【非出境免填 Date of Departure Only for applicants with departure plans】		出境日期 Departure date 年(YYYY) 月(MM) 日(DD)	航空班機編號 Flight No.
檢測部位 Detection site 【非必填 Not required】		<input type="checkbox"/> 鼻咽 Nasopharyngeal <input type="checkbox"/> 咽喉 Throat	
取得檢驗結果時間等需求 Expected date for PCR report	非急件(限當日 <b>12:00</b> 前完成採檢，隔日 <b>08:00</b> 後可領報告) (限當日 <b>12:00</b> 後完成採檢，隔日 <b>19:00</b> 後可領報告) Non-urgent: Complete the test before 12:00 and the report will be ready at 08:00 on the next day Complete the test after 12:00 and the report will be ready at 19:00 on the next day		
備註說明 Remarks	請攜帶以下文件 please bring the following documents : 1.護照正本及影本 Passport and the copy of Passport 2.航班資訊影本 Copy of E-Ticket 【正本驗證完成將原件歸還 The original will be returned after verification】		
個人自費檢驗資料蒐集處理及利用同意書 Release of self-pay inspection data agreement	申請人於西元 年 月 日於健仁醫院接受 COVID-19 自費檢驗資料之個人資料(包括姓名、身分證字號、生日、檢驗結果等資料): 同意於簽署本申請表之日期起算 7 年, 提供予衛生福利部疾病管制署作為相關疫情監測及衛生福利部中央健康保險署做為載入申請人之健康存摺及健保醫療資訊雲端查詢系統, 並得於本人醫療需要範圍內予以蒐集、處理或利用。 The applicant received the COVID-19 test on ____ (YYYY) ____ (MM) ____ (DD) at Jiannren hospital who agrees to give permission for Taiwan Centers of Disease Control along with the Ministry of Health and Welfare to collect and to utilize his/her COVID-19 inspection data(including name, ID number, date of birth, test result, etc.) for 7 years from the date of signing this application form.  _____ (簽章/Signature) _____ (法定代理人簽章/Signature of legal representative) 申請人已瞭解: 不同意提供個人自費檢驗資料對申請自費檢驗並無影響。如同意提供, 就提供之個人資料得依個人資料保護法第 3 條規定, 保留隨時取消本同意書之權利, 並得行使: 申請查詢或請求閱覽、製給複製本、補充、更正、停止蒐集、處理或利用及請求刪除等權利。 The applicant has understood that: Disagreement to provide personal self-paid inspection data will not affect the application for self-paid inspection. If you agree to provide, in accordance with Article 3 of the Personal Data Protection Act, you reserve the right to cancel this consent form at any time. You can perform: apply for inquiries or request reading, make copies, supplement, and correction, stop collecting, processing or utilization, and request deletion rights.  西元 年(YYYY) 月(MM) 日(DD) 時(hour) 分(minute)		