

## COVID-19 Epidemic Prevention Investigation (including travel and contact)

**Event Title:**

**Event Date:**

In order to prevent the spread of Covid-19 epidemic and maintain health and safety of the campus, all campus activities will be placed under strict surveillance. Therefore, please read the following information and fill out the questionnaire in detail. Thank you for your cooperation

**Has any of these symptoms appeared over the past 30 days?**

- None.  
 Fever above 38 degrees  Cough  Sore Throat  
 Symptoms of Respiratory Distress (Tachypnea, Breathlessness)  Runny Nose  Sore Muscles/  
 Muscles Aches  Arthralgia  Other: \_\_\_\_\_  
 Date of Onset: \_\_\_\_\_ YYYY \_\_\_\_ MM \_\_\_\_ DD

**Have you ever traveled abroad or been in close contact with people from overseas over the past 30 days? (Please specify the destination, transit and contact location.)**

- None.  
 Yes.  
 Please fill in the travel (including transit)/contact history location(s): \_\_\_\_\_

**Do you have any of these diseases or symptoms?**

- None  
 Yes, I have chronic lung diseases.  
 Yes, I have a serious illness. (Please briefly describe: \_\_\_\_\_ )

**Have you or has any family member residing with you ever contacted a confirmed case of COVID-19?**

- No.  
 Yes. Relationship with the case: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Remarks:** According to the latest "Notice of Home Quarantine for People Entering from Infected Areas" issued by MOHW's Taiwan Centers for Disease Control on January 26, 2020, all passengers with travel history in any endemic areas 14 days prior to entrance, home quarantine is required and the following regulations must be observed: to stay at home (or the arranged accommodation), not to go out of the assigned area, and not to depart or leave for another country. Whoever stays out in violation of home quarantine regulations is subject to a fine of NT\$10,000 to NT\$150,000 as imposed by Articles 58 and 69 of the "Law on Prevention and Control of Infectious Diseases."

I certify that I have read the information above and filled out the above "COVID-19 Epidemic Prevention Questionnaire" truthfully.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ YYYY \_\_\_\_ MM \_\_\_\_ DD