

CCU Health Survey for COVID-19(Wuhan Pneumonia) Prevention

Update: 109/03/09

Date : _____YYYY____MM____DD

Name : _____

Department/Unit : _____

Body temperature : _____°C Ear temperature Forehead temperature

1. Have you entered Taiwan from abroad in the past 14 days? No Yes , continue to Q2
2. Have you entered Taiwan from the following countries in the past 14 days (including the transit countries)?

Please fill in the date of entering and transiting:

China , Date : _____YYYY____MM____DD

Hong Kong , Date : _____YYYY____MM____DD

Macao , Date : _____YYYY____MM____DD

Korea , Date : _____YYYY____MM____DD

Italy , Date : _____YYYY____MM____DD

Japan , Date : _____YYYY____MM____DD

Singapore , Date : _____YYYY____MM____DD

Iran , Date : _____YYYY____MM____DD

Thailand , Date : _____YYYY____MM____DD

Other Countries , Please Specify : _____ , Date : _____YYYY____MM____DD

3. Have you had any of the following symptoms during the past 14 days :

None Fever above 38°c Cough Sore Throat

Symptoms of Respiratory Distress (Tachypnea 、 Breathless) Running Nose

Sore Muscles/Muscles Aches Arthralgia Other Symptoms_____

4. Have you been screening for flu or COVID-19 ? No Yes , Screening Items : Flu COVID-19 ; Date of Screening : _____YYYY____MM____DD ; Result : Negative Positive

Other_____

5. Have you and your family members contacted with patients infected with COVID-19 ?

No Yes , Relationship_____ , Date _____

6. Have you ever been regarded as a home quarantine or self-management case by the authorities of the Centers for Disease Control, Taiwan?

No Yes , Type : Home Quarantine Self-Management ; Date_____YYYY____MM____DD to_____YYYY____MM____DD