

台灣義肢裝具學會暨台灣人工肢體及輔具研究學會  
健康聲明書

請以清晰正楷填寫，謝謝您！

姓名：\_\_\_\_\_

身分證字號/居留證/護照號碼：\_\_\_\_\_

聯絡電話(手機)：\_\_\_\_\_

服務單位：\_\_\_\_\_

1. 過去 14 天內是否有發燒、咳嗽或呼吸急促症狀？  
(已服藥者亦需填寫「是」)

Have you had fever, cough, or shortness of breath during the past 14 days?  
(for those who had taken medications, please answer “Yes”)

- 是：發燒 YES: Fever  
 是：咳嗽 YES: Cough  
 是：呼吸急促 YES: Shortness of breath  
 是：流鼻水/鼻塞 YES: Runny/stuffy nose  
 是：腹瀉 YES: Diarrhea  
 是：全身倦怠 YES: Malaise  
 是：嗅、味覺異常 YES: Loss of smell or taste  
 是：四肢無力 YES: Limb weakness
- 否 NO

2. 過去 14 天內曾經到過的國家或地區(國外)？

Please list the countries or areas you have been to during the past 14 days

- 否 NO                       有，曾到過：\_\_\_\_\_

3. 過去 14 天內是否有同住家人從國外回來？

Have any family members returned from abroad during the past 14 days?

- 否 NO                       是 YES

備註：為應「嚴重特殊傳染性肺炎/COVID-19/武漢肺炎」防疫之需，學會依衛生福利部、傳染病防治法、個人資料保護法第 19 條「為增進公共利益所必要」，執行相關防疫措施。