

防範新型冠狀病毒肺炎健康聲明表  
**Health Declaration Form –**  
**Coronavirus 2019 (COVID-19) Precautionary Measures**

姓名 (Name)

居住地址 (Residential Address)

--	--

機構/部門 (Organization/Dept.)

\*非本中心員工，請留下連絡電話 (Please write down your phone number if not NSRRC staff.)

機構 (Organization)

部門 (Dept.)

電話 (TEL) \*non-NSRRC staff

--	--	--

請問您過去 14 天是否有發燒、咳嗽、呼吸急促症狀或味/嗅覺喪失？已服藥者需填寫“是”！  
(Have you had symptoms such as fever, cough, shortness of breath or loss of taste or smell during the past 14 days? For those who have and took medications, please choose “yes.”)

- 是 Yes,  發燒 fever  咳嗽 cough  呼吸急促 shortness of breath  味/嗅覺喪失 loss of taste/smell  
 否 No

請問您在過去 1 月內，是否有**國外旅遊史**？ (Have you been to **foreign country** in the past ONE month?)

是 Yes.

我有去 I have been to 城市 city / 省 province from mm / dd to mm / dd

否 No.

請問您在過去 1 月內，是否曾與到過國外的人士面對面接觸過？ (Did you come in close contact with anyone who have been to **foreign country** in the past ONE month?)

是 Yes. 何時 When: \_\_\_\_\_ / 這個人來自 The person comes from: \_\_\_\_\_

否 No.

您在過去 7 天內，**沒有到過第三級疫情警戒行政區**。(In the past 7 days, you did not go to the cities which are under COVID-19 Level 3 alert.)

沒有到過 No.

(未勾選本項，不得進入本中心。本項若經發現申報不實並致本中心損失，將予求償；用戶並取消該團隊實驗排程)  
(You will not be allowed to enter the NSRRC campus unless you tick the box. A false statement will result in the cancellation of your beamtime and the liability for any losses incurred to the NSRRC.)

★依國輻中心規定，進入本中心人員應誠實填寫，並配合必要檢疫措施；如有拒絕、規避妨礙或填寫不實者，本中心可拒絕其進入。

★According to the NSRRC regulations, everyone is required to accurately complete and submit this form at the NSRRC Security Guard Office upon entering the campus. Anyone who refuses to do so will not be allowed to enter the NSRRC.

簽名 Signature

日期 Date (YYYY/MM/DD)

--	--