編號(Reference No.)：

嚴重特殊傳染性肺炎指定處所隔離通知書及提審權利告知

COVID-19 Designated Residence Isolation (Home Isolation) Notice and Right to Petition for Habeas Corpus Relief

姓名： Name	身分證號/護照號碼： Citizen ID No. /Passport No
聯絡電話： TEL	地址： Address

依傳染病防治法第 44 條第 1 項規定，為了保護您和親友及大眾的健康與安全，請您於___年___月___日至___年___月___日期間進行指定處所隔離，有關隔離之應遵守及注意事項如下：

According to Paragraph 1, Article 44 of the Communicable Disease Control Act, in order to prevent the spread of the disease and protect the health and safety of your friends, family members and the public, please comply with the following regulations regarding designated residence isolation (home isolation) during the period from _____/___/___ (YYYY/MM/DD) to _____/___/___ (YYYY/MM/DD):

一、應遵守事項

（一）留在家中（或嚴重特殊傳染性肺炎中央流行疫情指揮中心、地方政府指定範圍內），禁止外出，亦不得出境或出國。若遇生命、身體等之緊急危難（如：火災、地震或需緊急外出就醫等）而出於不得已所為離開隔離處所之適當行為，不予處罰；惟離開時應佩戴口罩，並儘速聯繫所在地方政府或 1922，並依地方政府指示辦理。

（二）若選擇自宅或親友住所隔離者，同戶同住者日常生活仍需採取適當防護措施，包括落實佩戴醫用口罩、遵守呼吸道衛生、勤洗手以加強執行手部衛生、保持良好衛生習慣及維持社交安全距離，且不可共食。請於隔離期間，每日量體溫一次，自主詳實記錄體溫及健康狀況，並配合提供手機門號，以手機門號進行個人活動範圍之電子監督。隔離之個人資料沿用至隔離或自主健康管理期滿，並於結束後 28 天銷毀。

（三）如經安排收治在指定處所（居家）或等候安排就醫期間，請您隨時注意自身健康狀況，若有出現症狀時，可聯繫所轄衛生局居家照護服務專線或指定居家醫療照護團隊，當出現下列警示症狀時，請立即通知所在地政府衛生局或撥打 119 就醫，以 119 救護車為原則或指示之防疫計程車、同住親友接送或自行前往（如步行、自行駕/騎車）等方式為輔。

1. 無發燒（體溫<38℃）之情形下，心跳>100 次/分鐘

2. 喘或呼吸困難（呼吸速率>30 次/分鐘，或血氧監測≦94%）
3. 持續胸痛或胸悶
4. 意識不清
5. 皮膚、嘴唇或指甲床發青
6. 無法進食、喝水或服藥
7. 過去 24 小時無尿或尿量顯著減少
8. 收縮壓<90mmHg

口服藥物治療同意書
Oral therapy Agreement

1. Stay at home or within the area designated by the Central Epidemic Command Center (CECC) or the local government. You are prohibited from leaving the house or the designated area and leaving the country or going abroad. An appropriate conduct of leaving the house or the designated area performed by a person to avert an imminent danger (such as fire, earthquake, or going outside for emergency medical care), otherwise unavoidable to the life or body of himself is not punishable; however, please make sure to wear a medical mask when going outside, contact the local government or call the toll-free hotline 1922 as soon as possible and follow the instructions.
2. All members of a household living in the same residence are required to take protective measures (such as wearing medical masks, maintaining good hygiene practices, keeping a social distance and not sharing food). During the period of designated residence isolation (home isolation), please record your temperature and health status once a day. Additionally, please provide your cell phone number, and cooperate with other kinds of care and follow-up procedures, including using cell phone signals to implement electronic monitoring of your location, conducted by the health authority. Your personal data provided for isolation purposes will continue to be used until the expiration of the isolation or self-health management period and will be destroyed 28 days after the end of that period.
3. Observe the changes in your symptoms. If you have any symptoms, you can call the home care service hotline of your local Department of Health or a designated home care team.

   When you experience the following symptoms: wheezing, breathing difficulties, persistent chest pain, chest tightness, unconsciousness, blue skin, lips or nail beds, inability to eat, drink or take medicine, anuria or significant reduction in urine output in the past 24 hours, and systolic blood pressure <90mmHg, please contact your local Department of Health or call 119 immediately; you are advised to call 119 for an ambulance, take a quarantine taxi, or have a relative or friend drive you to seek medical attention or seek medical attention by yourself (e.g. walking or driving/riding).

二、違反上述規定者，將依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 13

條，處 2 年以下有期徒刑、拘役或新臺幣 20 萬元以上 200 萬元以下罰金。
Those who flout the above regulations are subject to imprisonment of less than 2 years or to a fine between NT$200,000 to NT$2,000,000 in accordance with Article 13 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens.

三、符合解除隔離條件後，請繼續自主健康管理至自行呼吸道檢體快篩檢測為陰性或距解除隔離日已達 7 天(無須採檢)。自主健康管理相關規範如下：

(一) 如果沒有出現任何症狀，可正常生活，必須外出時，請一定嚴格遵守全程正確佩戴醫用口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。

(二) 禁止與他人從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似的活動。

(三) 如出現症狀加劇或惡化等特殊情況，必須就醫者應遵守：

1. 請透過遠距醫療或視訊診療方式，由醫療人員進行相關診療，或可自行開車、騎車、步行、家人親友載送(雙方全程佩戴口罩) ，並請佩戴醫用口罩就醫，禁止搭乘大眾運輸工具前往。
2. 就醫時應主動告知醫師接觸史、旅遊史、居住史、職業別、以及身邊是否有其他人有類似的症狀。
3. 就醫後若經醫療院所評估須安排採檢，於接獲檢查結果通知前，應留在住居所(含一般旅宿)中，不可外出。

(四) 有症狀時請在住居所(含一般旅宿)中休養，並佩戴醫用口罩；與他人交談時，除應佩戴醫用口罩，並應保持 1 公尺以上距離。

After being released from isolation, you should practice self-health management until meeting one of the following criteria: having a negative rapid test result from a respiratory specimen or 7 days have passed since the day you were released from isolation (Day 0) (no testing necessary). Self-health management regulations are listed below.

1. If you do not exhibit any symptoms, you may go about your life normally. If you must go outside, please wear a medical mask correctly at all times and avoid entering areas where you cannot maintain social distancing (1.5 meters indoors and 1 meter outdoors) or areas where you are likely to come into close contact with random people.
2. You are prohibited from engaging in close or cluster activities with other individuals such as having meals together, gatherings, public gatherings, or other similar activities.
3. If your symptoms become severe and you need to seek medical attention again, please abide by the following regulations:
   (1) Please use telemedicine or video consultations with doctors, or you can seek medical care by driving or riding by yourself, on foot, or getting a ride from your friend or relative (both

parties must wear masks at all times); when you seek medical attention, you must wear a medical mask and must not use public transportation.

(2) You must actively inform the doctor of your contact history, travel history, residence history, occupation, and whether other people around you exhibit similar symptoms.

(3) If a medical institution arranges for you to take a screening test for COVID-19, you are required to stay in your residence (or general hotel) and cannot go outside before receiving the test result.

4. If you exhibit symptoms, you must rest in your residence (or general hotels) and wear a medical mask. You may not go outside. You must wear a medical mask when talking with others and maintain a distance of at least 1 meter. When your mask is contaminated by nasal or oral secretions, you must replace it immediately, fold it inwards, and put it in a trash can.

四、違反上述自主健康管理規定者，將依傳染病防治法第 70 條裁處新臺幣 3 千元以上 1 萬 5 千元以下罰鍰。

Those who flout the self-health management regulations will be fined ranging from NT$3,000 to NT$15,000 in accordance with Article 70 of the Communicable Disease Control Act.

五、依嚴重特殊傳染性肺炎防治及紓困振興特別條例第 8 條及傳染病防治法第 36 條，隔離對象資訊均上傳至全民健康保險醫療資訊雲端查詢系統提示，以因應 COVID-19 防治採行必要防範作為，避免疫情擴散及保障國內防疫安全。

According to Article 8 of the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens and Article 36 of the Communicable Disease Control Act, all information on individuals practicing isolation shall be uploaded to the National Health Insurance Medi-Cloud system. In response to prevention and control to COVID-19, it takes necessary precautions to prevent the spread of the disease and to ensure the safety of domestic epidemic.

六、其他注意事項

（一）隔離期間，建議但不強制須 1 人 1 室（具單獨房間及衛浴）

（二）請維持手部清潔，保持經常洗手習慣，原則上可以使用肥皂和清水或酒精性乾洗手液進行手部清潔。另應注意儘量不要用手直接碰觸眼睛、鼻子和嘴巴。手部接觸到呼吸道分泌物時，請用肥皂及清水搓手並澈底洗淨。

（三）如需心理諮詢服務，可撥打 24 小時免付費 1925 安心專線。

（四）如不服本處分者，得自本處分送達翌日起 30 日內，繕具訴願書逕送原處分機關，並由原處分機關函轉訴願管轄機關提起訴願。

（五）如果您已經安裝臺灣社交距離 APP，您可以自行上傳隨機 ID，以提醒可能的接觸者收到接觸通知，留意自身健康及社交接觸，可減少擴散傳播風險。

1. During the isolation period, individuals who choose to undergo isolation at home or in a relative's residence, recommend abiding by the principle of one person per room (a separate room with a bathroom).
2. Please keep your hands clean. You should wash your hands with soap or alcohol-based hand sanitizers frequently. In addition, please refrain from touching your eyes, nose and mouth with your hands. If your hands touch any secretions from your respiratory tract, please wash your hands with soap and water thoroughly.
3. If you need mental health services, please call the 24/7 toll-free hotline, 1925.
4. If you disagree with this notice of administrative disposition, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative disposition was made within 30 days from the next day of the receipt of the administrative disposition, and the agency rendering this disposition shall transfer the appeal to the agency with jurisdiction of the administrative appeal.
5. If you have installed the Taiwan Social Distancing App, you can upload an anonymous ID by yourself to help possible contacts receive notifications that remind them to pay attention to their health status and social contact to reduce the risk of spread.

另為保障您的權益，特告知您以下事項(請簽收附件 1 提審權利告知):

To protect your rights and interests, we hereby inform you of the following (please complete the Proof of Receipt, Annex 1)

一、您或您的親友有權利依照提審法的規定，向地方法院聲請提審。

二、不論您是否聲請提審或訴願，執行人員將隨時評估您是否有隔離(治療)之必要，若無隔離(治療)之必要時，縣(市)政府將即解除隔離(治療)之處置；縣(市)政府至遲每隔三十日。將重新鑑定，評估您是否有繼續隔離(治療)之必要。

三、如您有任何提審相關疑義，可與所轄衛生局聯繫。

1. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
2. Whether you have submitted an appeal or a petition or not, the responsible person will evaluate if you require isolation (treatment) at any time. If isolation (treatment) is not required, the isolation order will be lifted by the local health authority. The local health authority will assess whether you need to be isolated (for treatment) every 30 days at the latest.
3. If you have any questions about the “Right to Petition for Habeas Corpus Relief”, please contact the local health authority.

<table>
<tr><td>個案 ID/護照號碼(ID/Passport No.)：

_____</td><td rowspan="4">填發單位
Competent authority</td></tr>
<tr><td>電話(Tel)：

_____</td></tr>
<tr><td>開始隔離日
(Start date of designated residence isolation)：
_____年_____月_____日(YYYY/MM/DD)</td></tr>
<tr><td>取消隔離日
(Cancellation date of designated residence isolation)：
_____年_____月_____日(YYYY/MM/DD)</td></tr>
<tr><td colspan="2">隔離地址(Address)：_____</td></tr>
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嚴重特殊傳染性肺炎指定處所隔離通知書及提審權利告知送達證明

附件 1

COVID-19 Designated Residence Isolation (Home Isolation) Notice and Right to Petition for Habeas Corpus Relief

Annex

本人_____已於　　年　　月　　日　　時　　分

收悉_____ 縣(市)政府嚴重特殊傳染性肺炎指定處所隔離通知書，並了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

I have received the "COVID-19 Designated Residence Isolation (Home Isolation) Notice and Right to Petition for Habeas Corpus Relief" on _____/___/___ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.