

通報日期：_____年__月__日
 通報單位：_____
 通報人：_____

疑似嚴重特殊傳染性肺炎疫情調查及通報單

The Inquiry of Suspected Communicable Severe Pneumonia Report Form

一、基本資料 basic information：

單位/系所 Department/Unit		調查日期(西元年) Date of Inquiry	_____年year _____月month_____日day
姓名Name		性別Sex	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female
出生日期 (西元年) Date of Birth:	_____年year _____月month_____日day	國籍Nationality	<input type="checkbox"/> 本國籍Taiwan <input type="checkbox"/> 其他Other Nationality，國籍Nationality：_____
居住地 Accommodation Address		聯絡電話 Phone Number	
職業 Occupation		是否為醫療機構人員* Work for medical institutions as staff members*	<input type="checkbox"/> 否No； 是Yes，職稱Job Title：_____ _____
發病日期 (西元年) Date of Feeling Unwell	_____年year _____月month_____日day	是否懷孕Pregnant (女性Female)	<input type="checkbox"/> 否No； <input type="checkbox"/> 是Yes，懷孕pregnant____週 weeks

註：*醫療機構人員包含：醫師、護理師、其他醫事人員、醫學院學生、醫院志工、清潔人員、外包人員、醫院餐廳員工、與救護人員等。

*Staff members who work in the medical institutions include people who work as doctors, nurses, other medical professionals, medical students, volunteers, cleaners, contracted workers, restaurant staffs in the hospitals and ambulance technicians.

二、臨床狀況Clinical Condition：

(一) 症狀 Symptoms (初始症狀或疾病過程中曾出現 Either the initial symptoms or the symptoms shown during the sickness)

發燒 Fever($\geq 38^{\circ}\text{C}$)，請註明開始日期(西元年)

Initial Date: _____年Year _____月Month _____日Day

全身倦怠 Fatigue or weakness

意識混亂躁動 Conscious disturbance or irritability

- 頭痛 Headache
- 喉嚨痛 Sore throat
- 咳嗽 Cough
- 呼吸困難 Dyspnea or difficult breathing
- 胸痛 Chest pain
- 腹痛 Celiacgia or abdominal pain
- 肌肉酸痛 Muscle soreness
- 關節酸痛 Arthralgia or joint pain
- 噁心 Nausea
- 嘔吐 Vomit
- 腹瀉 Diarrhea
- 尿量減少 Oliguria or decreased urine output
- 下肢水腫 leg edema or swelling
- 血尿 Hematuria or blood urine
- 其他(請註明) Other symptoms if any please state the details
- 結膜充血 Conjunctival congestion
- 流鼻水鼻塞 Running nose or stuffy nose

(二) 發病期間就醫歷程 History of hospital cares (如篇幅不足，請自行增列 Please find space below to file all information)

就醫日期(西元年/月/日) Date of hospital visits (Year/Month/Day)	醫療院所名稱 Names of the hospitals or clinics	型態 Types of visits
		<input type="checkbox"/> 門診 Outpatient clinic <input type="checkbox"/> 急診 Emergency <input type="checkbox"/> 住院 Hospitalized or admission
		<input type="checkbox"/> 門診 Outpatient clinic <input type="checkbox"/> 急診 Emergency <input type="checkbox"/> 住院 Hospitalized or admission

(三) 是否有慢性疾病 Chronic disease? 否 No; 是 Yes (續填以下欄位，可複選 if yes, what would they be?)

- 精神疾病 Mental illness
- 神經肌肉疾病 Neuromuscular disease
- 氣喘 Asthma
- 慢性肺疾 Chronic lung disease (如支氣管擴張、慢性阻塞性肺疾等，氣喘除外 Such as Bronchiectasis, chronic obstructive pulmonary disease, excluding Asthma)
- 糖尿病 Diabetes
- 代謝性疾病(如高血脂，糖尿病除外) Metabolic diseases (such as hyperlipidemia, excluding diabetes)
- 心血管疾病(高血壓除外) Cardiovascular diseases (excluding hypertension)
- 肝臟疾病(如肝炎、肝硬化等) Liver diseases (such as hepatitis, cirrhosis,

etc.)

- 腎臟疾病(如慢性腎功能不全、長期接受血液或腹膜透析等) Kidney disease (such as chronic renal insufficiency, long-term blood or peritoneal dialysis, etc.)
- 仍在治療中或未治癒之癌症 Cancers that are still being treated or not cured
- 免疫低下狀態，說明 Weak immune condition if any, the reason for it:
- 肥胖 Obesity(BMI \geq 30)
- 其他，說明 Others:

三、 暴露來源調查(發病前14 天) Travel history in the 14-day period ahead of the initial symptom:

(一) 發病前 14 天內是否曾在國外旅遊或居住 Have you ever lived in or travelled to other countries in the 14-day period ahead of the initial symptoms:

否 No ; 是 Yes (續填以下欄位 if answer 'yes' , please continue)

曾至之國家和地點(如篇幅不足，請自行增列)Countries and locations that have been to (please find space below to provide full information):

國家/城市 Country/City	日期起迄(西元年/月/日)Date of entry and date of departure (Year/Month/Day)	旅遊型態或目的 Travel types and purposes	同行旅客(人) Travelling companions	交通工具或航班編號 Transportation or flight number

同行者健康狀況Health condition of travelling companions:

無症狀No symptom;

有症狀Symptoms shown, 請註明 Symptoms if any, please state:_____

(二) 發病前 14 天內接觸史調查Inquiry of the history of personal contacts in the 14-day period ahead of the initial symptoms:

1. 是否曾接觸有發燒或呼吸道症狀人士Have you ever been in contact with someone who has a fever or respiratory symptom: 否No ; 是Yes (續填以下欄位，可複選If yes, please continue)

接觸場所為Where in contact with that person :

- 同住Shared accommodation or live together
- 同處工作Working place or work together
- 醫療院所In hospitals or clinics
- 其他，請註明Others_____

接觸起迄日期 When did you make contact with: From_____ Year_____ Month_____ Day to_____ Year_____ Month_____ Day

2. 是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例Have you ever been in contact with someone who might have a suspected or confirmed condition of Communicable Severe Pneumonia? : 否No ; 是Yes (續填以下欄位，可複選if yes, please continue)

接觸場所為Where in contact with that person :

- 同住Shared accommodation or live together
- 同處工作Working place or work together
- 醫療院所In hospitals or clinics
- 其他，請註明Others_____

接觸起迄日期When did you make contact with: From_____ Year_____ Month_____ Day to_____ Year_____ Month_____ Day

3. 是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例之呼吸道分泌物、體液 (包含實驗室檢體) Have you ever been in contact with someone who might have a suspected or confirmed condition of Communicable Severe Pneumonia? : 否No ; 是Yes (續填以下欄位，可複選if yes, please continue)

接觸場所為Where in contact with that person :

- 同住Shared accommodation or live together
- 同處工作Working place or work together
- 醫療院所In hospitals or clinics
- 其他，請註明Others_____

接觸起迄日期 When did you make contact with: From_____ Year_____ Month_____ Day to_____ Year_____ Month_____ Day

(三) 發病前 14 天內之活動史調查 Inquiry of activity history in the 14-day period ahead of the initial symptoms :

1. 是否曾至中國湖北省 (含武漢市) (或公告疫區) Have you ever been to Hubei Province in China (including Wuhan City) or other notified epidemic areas? : 否 No ; 是 Yes , 地點 Names of the locations :

日期 Date of visit : _____年 Year _____月 Month _____日 Day

2. 是否曾至野味市場 Have you ever been to the game market? : 否 No ; 是 Yes , 地點 Location

日期 Date of visit : _____年 Year _____月 Month _____日 Day

3. 是否曾至醫療院所 Have you ever been to any hospital or clinic? : 否 No ; 是 Yes ,

醫療院所名稱 Name of hospital or clinic :

日期 Date of visit : _____年 Year _____月 Month _____日 Day

(四) 發病前 14 天內之動物接觸史調查 Inquiry of animal contact history in the 14-day period ahead of the initial symptoms :

1. 是否飼養任何動物(寵物) Have you ever kept any animal or pet? : 否 No ; 是 Yes , 請註明(if yes, please state:)

2. 是否曾接觸禽鳥、活禽市場或養禽場(雞鴨等禽類) Have you ever been in contact with birds, visited live poultry markets or poultry farms (chickens and ducks)? : 否 No ; 是 Yes , 請註明(if yes, please state:)

3. 是否曾接觸畜牧場(豬、牛、羊及鹿等畜類) Have you ever been to livestock farms (such as pigs, cattle, sheep and deer farms) : 否 No ; 是 Yes , 請註明(if yes, please state:)

4. 是否曾接觸屠宰場 Have you ever been to the slaughterhouse? : 否 No ; 是 Yes , 請註明 (if yes, please state:)

5. 是否曾接觸或食用野生動物 Have you ever touched or consumed wild animals : 否 No ; 是 Yes , 請註明(if yes, please state:)

6. 是否有其他動物接觸史 Is there any other animal contact history :

