

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

Update: 109/03/05

In response to the COVID-19(Wuhan Pneumonia) outbreak, CCU prepared a survey for the faculty and students as a precaution. Please fill in the following information and read the notice carefully. Wish you good health and happiness.

Name : _____ Date of Birth : _____ YYYYY MM DD

Sex : Male Female

(Invited)Department/Unit : _____

Off-Campus Unit/Company : _____

Name of the event (business) participated in CCU : _____

Date of the event (business) participated in CCU :

_____ YYYYY MM DD to _____ YYYYY MM DD

Phone Number: _____ Email Address : _____ @ _____

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 : _____ YYYYY MM DD
 - Hong Kong , Date : _____ YYYYY MM DD
 - Macao , Date : _____ YYYYY MM DD
 - Korea , Date : _____ YYYYY MM DD
 - Italy , Date : _____ YYYYY MM DD
 - Japan , Date : _____ YYYYY MM DD
 - Singapore , Date : _____ YYYYY MM DD
 - Iran , Date : _____ YYYYY MM DD
 - Thailand , Date : _____ YYYYY MM DD
 - Other Countries , Please Specify : _____ , Date : _____ YYYYY 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 : _____ YYYYY 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 _____ YYYYY MM _____ DD to _____ YYYYY MM DD

Please read the following notice carefully and cooperate with the precautions of our school during the period of time :

1. Carry out not to attend work and class if having a fever. Enter the buildings with temperature measurement, if you get a fever (temperature above 38°C) please immediately put on a mask, and leave school for medical treatment. Please inform the doctor of travel, exposure and residence history automatically. If respiratory symptoms occur (cough, sore throat, respiratory distress symptoms, running nose, etc.), please wear a mask all day.
2. Keep your hands clean and wash your hands regularly. Use soap or alcohol hand sanitizer for hand hygiene. Try not to touch your eyes, nose and mouth directly with your hands.

I certify that I have read the information above and will cooperate with the CCU precautions

Signature : _____

Date : _____YYYY____MM____DD