

Travel & Contact History Screening Questionnaire & Informed Consent

In order to prevent epidemics, *please fill in your travel and contact history truthfully*. KMUH will comply with the provisions of the Personal Data Protection Law and protect the personal data you provide. *If you are not willing to provide, you will not be able to enter KMUH! According to law, you can be fined TWD\$150,000 if you misrepresent!*

Name: _____ ID or UI No.: _____ Date of Birth: _____	
Identity <input type="checkbox"/> Outpatient <input type="checkbox"/> Family Members <input type="checkbox"/> Foreign Caregivers <input type="checkbox"/> Others _____	
Place of residence <input type="checkbox"/> Taiwan <input type="checkbox"/> China <input type="checkbox"/> Others _____	
Symptom <input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Coughing <input type="checkbox"/> Sore throat <input type="checkbox"/> Heavy Breathing <input type="checkbox"/> Abnormal sense of smell <input type="checkbox"/> Abnormal sense of taste	
Travel and Residence History (Return from abroad within 14 days) <input type="checkbox"/> None <input type="checkbox"/> Yes	
Contact and Cluster History	
Does anyone living with you return from abroad within 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Return: _____
Do your housemate, family members, and colleagues have fever or pneumonia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Occupation <input type="checkbox"/> Transportation, such as: bus or taxi driver <input type="checkbox"/> Healthcare workers <input type="checkbox"/> Others	

I hereby authorize Kaohsiung Medical University Chung-Ho Memorial Hospital to inquire my travel and contact history (or interested parties) from the National Health Insurance Administration Medical Cloud System and other related information systems.

Signature: _____

<input type="checkbox"/> Are you the person above?	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Other(_____) ID or UI No.: _____ Date of Birth: _____ If the patient is a minor or cannot sign the consent for some reasons, the relevant legal representative, spouse, relative or related person can sign the consent for the patient.
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Date: _____ TEL: _____

Important Information:

1. You and other interested parties should provide identity documents for inspection.
2. According to Articles 31 and 69 of the Law of Prevention and Control of Infectious Diseases, during the time of epidemic, patients who come to the hospital should truthfully state their medical history, medical records, contact history, travel history, and other matters related to the infectious disease. Anyone who violates the law will be fined from TWD\$10,000 to TWD\$150,000.