

Kaohsiung Medical University Chung-Ho Memorial Hospital

COVID-19 PCR testing Request Form

*Please fill in this request form, and brings the related documentation (e.g. electronic ticket and passport) and copies.

According to Taiwan Centers for Disease Control, 2021/01/22

Name		Type & Number of identification documents	<input type="checkbox"/> Citizen ID number: _____ <input type="checkbox"/> Resident Certificate number: _____ <input type="checkbox"/> Passport number: _____
COVID-19 PCR testing (own expense) Request reason	<input type="checkbox"/> Individual under home quarantine or isolation needs to go out due to the urgent social needs, such as attending the funeral or visiting relatives in critically ill condition. <input type="checkbox"/> Individual goes through immigration to other countries for the above listed urgent reasons. <input type="checkbox"/> Work requirement <input type="checkbox"/> Short-term business traveler <input type="checkbox"/> To study abroad <input type="checkbox"/> Foreign nationals, Residents from Mainland China, Hong Kong or Macao departing from Taiwan <input type="checkbox"/> Family members of individual going abroad due to the above reasons <input type="checkbox"/> Approved by the Central Epidemic Command Center <input type="checkbox"/> Other reasons: _____		
Date of Departure 【Only for individual with plan of departure overseas to fill in】	Departure date	_____Month _____Day _____Year	
	Flight No.		
Expected (Due) date to receive the PCR report	_____Month _____Day _____Year		
Phone No.	1. _____ 2. _____		
Remarks			

Requester Signature: _____ Date (month/day/year): _____