

附件一

臺北市 110 學年度西塞羅盃高中學生英語辯論比賽防範新冠肺炎入場健康聲明書

2021 Taipei Cicero English Debate Tournament Health Declaration Form

就讀學校/服務單位 School or Company Name			
姓名 Name		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
身分別 Position	<input type="checkbox"/> 競賽員 Debater <input type="checkbox"/> 領隊老師 Coach/Teacher <input type="checkbox"/> 評審 Judge	連絡電話 Contact No.	
請問您過去 14 天是否有下列情形 (以競賽日為基準) In the past 14 days, did you encounter any of the situations listed below?			
1. 有發燒、咳嗽或呼吸急速症狀 (已服藥者亦須填寫「是」) In the past 14 days, have you had a fever, cough or shortness of breath? (check “yes” even if you are already under medication for it) <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes : <input type="checkbox"/> 發燒 Fever <input type="checkbox"/> 咳嗽 Cough <input type="checkbox"/> 呼吸急促 Shortness of breath <input type="checkbox"/> 其他 Other _____			
2. 是否去過國外? In the past 14 days, have you been abroad? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes : _____ (請填寫國家/地區 Country/Region)			
3. 是否接觸過新冠肺炎確診病例? In the past 14 days, have you been in physical contact with any patient who has been diagnosed with COVID-19? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes			
4. 是否屬於自主健康管理者? In the past 14 days, have you been asked to monitor your health condition by the government? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes : <input type="checkbox"/> 通報個案但已檢驗陰性且符合解除隔離條件者 I have tested negative and was released from quarantine. <input type="checkbox"/> 社區監測通報採檢個案 I was notified I was under high risk and was tested.			
※此問卷調查之個人相關資料僅提供臺北市政府衛生相關單位、教育局及本校舉辦臺北市 110 學年度西塞羅盃高中學生英語辯論比賽使用。The personal information from this survey will only be provided to Taipei City Government’s Department of Health and Department of Education, as well as the host school of the 2021 Taipei Cicero English Debate Tournament.			
本人已閱讀過以上之說明並且願意配合主辦單位各項防疫措施。I have read the information above and I am willing to follow all the precautionary measures set by the host to prevent COVID-19.			
簽名 Signature _____		日期 Date _____ / _____ / _____ (year / month / day)	