

華語文能力測驗考生旅遊史及健康聲明書

TOCFL TRAVEL HISTORY AND HEALTH DECLARATION FORM

我參加 2020 年_____月_____日華語文能力測驗，為因應新型冠狀病毒肺炎（武漢肺炎），將誠實填寫以下內容；如隱匿情事，將會被中華民國「傳染病防治法」處以罰鍰。

In response to the prevailing novel coronavirus pneumonia (a.k.a. COVID-19), I, _____ (your name), will comply with the ROC epidemic prevention measures and honestly provide my travel history and relevant health information in this form. I understand that concealing the requested information will lead to penalty as stimulated in the ROC epidemic prevention law.

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|--|---|
| 考前 14 天內，曾經接觸新型冠狀病毒肺炎（武漢肺炎）確診病例。 I have physical contact with patients who are diagnosed as having COVID-19 within 14 days before the test. | <input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no |
| 考前 14 天內，有中國、香港、澳門、韓國、義大利、伊朗的旅遊史。 I have travelled to China, Hong Kong, Macao, South Korea, Italy and Iran within 14 days before the test. | <input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no |
| 考試當日有發燒（額溫超過攝氏 37 度）、咳嗽等呼吸道症狀。 I have fever (Forehead temperature is higher than 37 °C) and respiratory tract infection symptoms such as coughing on the test date. | <input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no |

請注意 Notice：

一、若有上述情形，不得參加考試。請於考後一週內，提供相關出入境或就醫證明，傳送華測會服務信箱 service@sc-top.org.tw，我們將全額退還測驗報名費用，逾期恕不受理。

If your answer to any of the above three inquiries is positive, you will not be allowed to take the test. In this case, please send us relevant immigration and/or health documents within one week after the test via email (service@sc-top.org.tw). We will fully refund your test registration fee. No refund will be provided if relevant documents are not sent to us within the aforementioned period.

二、考試當日，請於測驗時間提早 20 分鐘抵達，當日防疫措施如下：

Please arrive at the test center/site 20 minutes before the test time. All test takers have to comply with the following epidemic prevention procedure:

(一) 測量體溫（額溫超過攝氏 37 度，無法參加考試）

The test proctors will take your temperature (as noted above, if your forehead temperature is higher than 37 °C, you will not be allowed to take the test);

(二) 請於這份聲明書上簽名，進入試場時交給監試人員。

Please sign and hand in this form to the proctors prior to entering the test room;

(三) 進入試場前，請您配戴**口罩**；我們會為您的雙手需噴上**抗菌液**，才可以進入試場。

You have to put on your mask before entering the test room; the test proctors will spray antibacterial fluid on your hands as an additional precaution measure.

三、提醒您，若有發燒、咳嗽等不適症狀，請配戴**口罩**儘速就醫，請務必告知醫師旅遊史。若有防疫問題，請撥打免付費防疫專線 1922 (或 0800-001922)，更多「嚴重特殊傳染性肺炎」(武漢肺炎)資訊：

Please note that if you have fever, coughing and/or any physical discomfort, please put on a mask to protect yourself and go to see a doctor as soon as possible; while seeing the doctor, please inform the doctor of your recent travel history. If you have any further questions regarding epidemic prevention measures, please call the toll-free number 1922 (or 0800-001922). For further information about COVID-19, please visit the following websites using the QR codes provided below.

疾管署網站 Taiwanese CDC
(<https://www.cdc.gov.tw>)



疾管家 LINE chatbot's Line group
@taiwandc



我同意配合以上規定，並將這份聲明書在進入考場時交給監試人員。

I voluntarily agree to provide the information requested above;

I will hand in this form to the proctor when entering the test room.

中文簽名 signature in Chinese：

外文簽名 signature in your first language：

出生日期 Date of birth：

年 year

月 month

日 date