

民眾自費COVID-19核酸檢驗申請表

檢測種類：

- 急件/Urgent(\$4500), 接獲報告完成通知後, 至急診室的掛號櫃台取件。
After receiving the notice, you can pick up the report at registration counter of emergency room on the text day.
- 常規件/General(\$3500), 採檢隔日早上10點後在急診室的掛號櫃台取件。(不另行通知)
After 10:00 AM on the next day, you can pick up the report at registration counter of emergency room. (without notice)

申請人姓名/Name of applicant：

手機號碼/Mobile phone number：

證件號/Identification No.：

申請原因/ Reason for application：

- 居家隔離/檢疫者，因親屬身故或重病等社會緊急需求，需外出奔喪或探視/ As one in home isolation or quarantine, the applicant has a need to go out for compassionate reasons, including visiting relatives in critical condition, attending funerals of relatives, or dealing with other urgent issues.
- 旅外親屬事故或重病等緊急特殊因素入境他國家/地區/ To enter other countries for compassionate reasons, including visiting relatives in critical condition, attending funerals of relatives, or dealing with other urgent issues.
- 工作/ Job requirements.
- 短期商務人士/ Short-term business travelers.
- 出國求學/ Study abroad.
- 外國或中國大陸、香港、澳門人士出境/ Foreign nationals from Mainland China, Hong Kong, Macau, or other countries who will depart from Taiwan.
- 相關出境適用對象之眷屬/ Family members of people to travel abroad for reasons including visiting relatives in critical condition, attending funerals of relatives, or dealing with other urgent issues.
- 經嚴重特殊傳染性肺炎中央流行疫情指揮中心同意/ Approved by the Central Epidemic Command Center.
- 其他因素/ Other issues. : _____

個人自費檢驗資料蒐集處理及利用同意書

就申請人於 高雄市立聯合醫院 接受COVID-19自費檢驗資料之個人資料。(包括姓名、身分證字號、生日、檢驗結果等資料) /By providing my signature below, I (the applicant) give consent to the National Health Insurance Administration (NHIA) and the Taiwan Centers for Disease Control (Taiwan CDC) to process or use my personal data (including name, ID No., date of birth, test results, etc.) collected for COVID-19 PCR testing by Kaohsiung Municipal United Hospital.

簽署本申請表之日期起算7年內，提供予衛生福利部中央健康保險署做為載入申請人之健康存摺及健保醫療資訊雲端查詢系統，並得於本人醫療需要範圍內予以蒐集、處理或利用。/ I agree to provide personal data to the NHIA and agree that the NHIA may upload my personal medical information to the 「My Health Bank」 system and 「MediCloud」 System and collect, process or use my medical information for necessary medical purposes within 7 years from the date of this application form.

簽署本申請表之日期起算7年內，提供衛生福利部疾病管制署作為相關疫情監測。/ I agree to provide personal data to Taiwan CDC for epidemic surveillance purposes within 7 years from the date of this application form.

申請人已瞭解：不同意提供個人自費檢驗資料對申請自費檢驗並無影響。如同意提供，就提供之個人資料得依個人資料保護法第3條規定，保留隨時取消本同意書之權利，並得行使：申請查詢或請求閱覽、製給複製本、補充、更正、停止蒐集、處理或利用及請求刪除等權利。/ I fully understand the following information: My refusal to give this consent will not have any effect on my COVID-19 testing application. If I agree to provide my personal medical information to the NHIA and Taiwan CDC, I am entitled to exercise the following rights with regard to my personal data provided and to reserve the right to revoke this consent at any time according to Article 3 of the Personal Data Protection Act in Taiwan: 1. the right to make an inquiry of and to review my personal data; 2. the right to request a copy of my personal data; 3. the right to supplement or correct my personal data; 4. the right to demand the cessation of the collection, processing or use of my personal data; and 5. the right to erase my personal data.

同意/Agree

不同意/Disagree

申請人簽章/Signature : _____