

高雄榮民總醫院自費新冠核酸篩檢COVID-19 (COVID-19)申請表
Application Form for out-of-Pocket Polymerase Chain Reaction(PCR) testing for
Coronavirous Disease 2019(COVID-19) 重要資料請保存

一、申請人中文姓名：_____

申請人英文姓名Name：_____

二、證件類型Type of Identification：

☐ 身分證ROC Citizen ID_____

☐ 居留證ARC Resident Certificate_____

☐ 護照Passport_____

三、申請原因(Reason)：

☐ 居家隔離/檢疫者，因親屬身故或重病社會緊急需求，需外出奔喪或探視
Person under home (self) isolation/quarantine who need to go out for
compassionate reasons, including visiting relatives in a 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 the compassionate reasons listed above.

☐ 工作Job requirements

☐ 短期商務人士Short-term business travelers

☐ 出國求學To study abroad

☐ 外國或中國大陸、香港、澳門人士出境
Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who
will depart from Taiwan

☐ 相關出境適用對象之眷屬
Family members of people traveling abroad for the reasons listed above

☐ 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:_____

四、出境日期Departure date:_____年YYYY_____月MM_____日DD

五、搭乘航空班機編號Flight No.：_____

六、取得檢驗結果時間等需求Expected date for PCR report：

☐ 上午急做檢驗(當日取件) AM-Urgent

☐ 上午常規檢驗(隔日取件) AM-Regular ☐ 下午常規檢驗(隔日取件) PM-Regular

七、備註說明Remarks：_____

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申請人於高雄榮民總醫院接受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）：☐同意☐不同意 於簽署本申請表之日期起算 7 年，提供予衛生福利部疾病管制署作為相關疫情監測及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。

The applicant received the COVID-19 test on (YYYY) (MM) (DD) at Kaohsiung Veterans General Hospital who ☐agree ☐ not agrees to give permission for Taiwan Centers of Disease Control along with the Ministry of Health and Welfare to collect and to utilize his/her COVID-19 inspection data(including name, ID number, date of birth, test result, etc.) for 7 years from the date of signing 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。

The applicant has understood that: Disagreement to provide personal self-paid inspection data will not affect the application for self-paid inspection. If you agree to provide, in accordance with Article 3 of the Personal Data Protection Act, you reserve the right to cancel this consent form at any time. You can perform: apply for inquiries or request reading, make copies, supplement, and correction, stop collecting, processing or utilization, and request deletion rights.

簽章Signature：_____ 電話Cell phone：_____

法定代理人簽章Signature of legal representative：_____

住址Address：_____

西元 年 月 日
 YYYYY MM DD