

高雄榮民總醫院

民眾自費檢驗新冠肺炎(COVID-19)申請表

Application Form for out-of-Pocket Polymerase Chain Reaction(PCR)
testing for Coronavirous Disease 2019(COVID-19)

一、申請人姓名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 :

七、備註說明Remarks :

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申請人於西元 年 月 日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)

_____ (法定代理人簽章/Signature of legal representative)

西元

年YYYY

月MM

日DD