

編號 (Reference No.):

嚴重特殊傳染性肺炎隔離治療通知書及提審權利告知**Notice for Isolation Treatment and Right to Petition for Habeas
Corpus Relief (COVID-19)**

姓名： Name	身分證號/護照號碼： Citizen ID No. /Passport No
聯絡電話： TEL	地址： Address

_____先生/女士 您好：

Dear Mr. / Ms. _____ ,

您經醫師診斷疑似罹患嚴重特殊傳染性肺炎，為保護您及其他人的健康，請您自____年__月__日起至____年__月__日止，於_____隔離治療機構接受隔離治療，並遵守隔離規定：

As you are suspected of having COVID-19 after a doctor's assessment, to protect the health and safety of your friends, family members and the public, please undergo isolation in the hospital/institution for treatment during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD), and comply with rules of isolation as below.

- 一、應依指示於隔離病室或單獨之病室接受治療，不得任意離開。
- 二、違反隔離治療指示者，將依「傳染病防治法」第 44 條、第 45 條及同法第 67 條處新臺幣 6 萬至 30 萬元不等罰鍰。
- 三、對本通知如有不服，應於本通知單送達之次日起 30 日內，依訴願法第 58 條第 1 項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。
- 四、**符合解除隔離條件後，請繼續自主健康管理至自行呼吸道檢體快篩檢測為陰性或距解除隔離日已達 7 天(無須採檢)。自主健康管理相關規範如下：**
 - (一) 如果沒有出現任何症狀，可正常生活，必須外出時，請一定嚴格遵守全程正確佩戴醫用口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。
 - (二) 禁止與他人從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似的活動。
 - (三) 如出現症狀加劇或惡化等特殊情況，必須就醫者應遵守：
 1. 請透過遠距醫療或視訊診療方式，由醫療人員進行相關診療，或可自行開車、騎車、步行、家人親友載送(雙方全程佩戴口罩)，並請佩戴醫用口罩就醫，禁止搭乘大眾運輸工具前往。
 2. 就醫時應主動告知醫師接觸史、旅遊史、居住史、職業別、以及身邊是否其他人有類似的症狀。

3. 就醫後若經醫療院所評估須安排採檢，於接獲檢查結果通知前，應留在住居所(含一般旅宿)中，不可外出，獲知檢驗結果為陰性後，仍需自主健康管理至期滿。

(四) 有症狀時請在住居所(含一般旅宿)中休養，並佩戴醫用口罩；與他人交談時，除應佩戴醫用口罩，並應保持 1 公尺以上距離。

五、若您為非重症個案且以呼吸道檢體檢測陰性(須符合現行採檢間隔並由醫事人員執行)作為解除隔離條件者，解除隔離後無需進行自主健康管理。

六、違反上述自主健康管理規定者，將依傳染病防治法第 70 條裁處新臺幣 3 千元以上 1 萬 5 千元以下罰鍰。

1. Please stay in either the isolation room or individual room for treatment as instructed. Do not leave the room arbitrarily.

2. Those who flout the isolation regulations will violate Articles 44, 45 and 67 of the Communicable Disease Control Act, and be fined ranging from NT\$60,000 to NT\$300,000.

3. If you disagree with this notice, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative action was made to transfer to the agency with jurisdiction of administrative appeal within 30 days from the next day of the receipt of this notice in accordance with the provisions of Paragraph 1, Article 58 of the Administrative Appeal Act.

4. After being released from isolation, you should practice self-health management until meeting one of the following criteria: having a negative rapid test result from a respiratory specimen or 7 days have passed since the day you were released from isolation (Day 0) (no testing necessary). Self-health management regulations are listed below.

(1) If you do not exhibit any symptoms, you may go about your life normally. If you must go outside, please wear a medical mask correctly at all times and avoid entering areas where you cannot maintain social distancing (1.5 meters indoors and 1 meter outdoors) or areas where you are likely to come into close contact with random people.

(2) You are prohibited from engaging in close or cluster activities with other individuals such as having meals together, gatherings, public gatherings, or other similar activities.

(3) If your symptoms become severe and you need to seek medical attention again, please abide by the following regulations:

i. Please use telemedicine or video consultations with doctors, or you can seek medical care by driving or riding by yourself, on foot, or getting a ride from your friend or relative (both parties must wear masks at all times); when you seek medical attention, you must wear a medical mask and must not use public transportation.

- ii. You must actively inform the doctor of your contact history, travel history, residence history, occupation, and whether other people around you exhibit similar symptoms.
 - iii. If a medical institution arranges for you to take a screening test for COVID-19, you are required to stay in your residence (or general hotel) and cannot go outside before receiving the test result. If your test result is negative, you are still required to practice self-health management until the end of the period.
- (4) If you exhibit symptoms, you must rest in your residence (or general hotels) and wear a medical mask. You may not go outside. You must wear a medical mask when talking with others and maintain a distance of at least 1 meter. When your mask is contaminated by nasal or oral secretions, you must replace it immediately, fold it inwards, and put it in a trash can.

5. Those who don't have severe illness and can be released from isolation by test negative (tests performed by medical professionals), will not need to practice self-health management following the end of isolation.

6. Those who flout the self-health management regulations will be fined ranging from NT\$3,000 to NT\$15,000 in accordance with Article 70 of the Communicable Disease Control Act.

另為保障您的權益，特告知您以下事項(請簽收附件 1 提審權利告知):

To protect your rights and interests, we hereby inform you of the following (please complete the Proof of Receipt, Annex 1)

- 一、您或您的親友有權利依照提審法的規定，向地方法院聲請提審。
 - 二、不論您是否聲請提審或訴願，執行人員將隨時評估您是否有隔離治療之必要，若無隔離治療之必要時，縣(市)政府將即解除隔離治療之處置；縣(市)政府至遲每隔三十日。將重新鑑定，評估您是否有繼續隔離治療之必要。
 - 三、如您有任何提審相關疑義，可與所轄衛生局聯繫。
1. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
 2. Whether you have submitted an appeal or a petition or not, the responsible person will evaluate if you require isolation treatment at any time. If isolation treatment is not required, the isolation order will be lifted by the local health authority. The local health authority will assess whether you need to be isolated for treatment every 30 days at the latest.
 3. If you have any questions about “Right to Petition for Habeas Corpus Relief”, please contact the local health authority.

通知書開立機關
Competent authority

機關戳章
Agency
stamp

通知書開立時間： 年 月 日 時 分

Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd)

嚴重特殊傳染性肺炎隔離治療通知書及提審權利告知送達證明

附件 1

Proof of Receipt of Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (COVID-19)

Annex

本人_____已於 _____ 年 _____ 月 _____ 日 _____ 時 _____ 分

收悉_____ 縣(市)政府嚴重特殊傳染性肺炎隔離治療通知書，並了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

I have received the “Notice of Isolation Treatment and Right to Petition for Habeas Corpus Relief” on ____/____/____ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.