國泰綜合醫院COVID-19自費檢測基本資料表

Personal Information of self-pay COVID-19 test, Cathay General Hospital

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| --- | --- | --- | --- |
| 姓 名Name |  | 身分證(居留證)字號/護照號碼ID/ ARC / Passport number  |  |
| 出生日期Birth Date |  年(Y) 月(M) 日(D) | 性別Gender |  □男(Male) □女(Female) |
| 電話Telephone |  | 手機Mobile |  |
| 緊急連絡人(不得與本人相同)Emergency contact person (Not yourself) |  | 緊急連絡人電話(不得與上述電話相同)Emergency phone(Not your phone no.) |  |
| 臺灣居住地址Taiwan Residential Address | □□□郵遞區號Zip Code |
| 國籍Nationality |  | 是否於**3個月內**入境Did you enter Taiwan **in the past three months**? □是Yes，入境日 Arrival date to Taiwan \_\_\_\_\_\_年(Y)\_\_\_\_\_月(M)\_\_\_\_\_\_日(D) □否No |
| 三個月內去過之國家Please list countries that you have visited within **the past three months** |  | 是否同意健保署**健康存摺系統**蒐集、處理或利用您的個人資料？Do you agree to the collection, processing or use of your personal information by “My Health Bank” of National Health Insurance Administration? | 同意Yes不同意No |
| 是否同意健保署**醫療資訊雲端查詢系統**蒐集、處理或利用您的個人資料？Do you agree to the collection, processing or use of your personal information by “NHI-MediCloud System” of National Health Insurance Administration? | 同意Yes不同意No |
| 若同意上述兩點，請問您願意提供個人資料多久？If you agree to the above 2 points, how long are you willing to provide? | 年year(s) |

* 請填寫正確詳實的基本資料,以保障您日後就診的權益。Please fill in the correct and detailed personal information in order to protect your medical rights.

**立書人簽章Signature：** 日期Date： 年(Y) 月(M) 日(D)