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)