

COVID-19 確診個案與接觸者自主應變機制

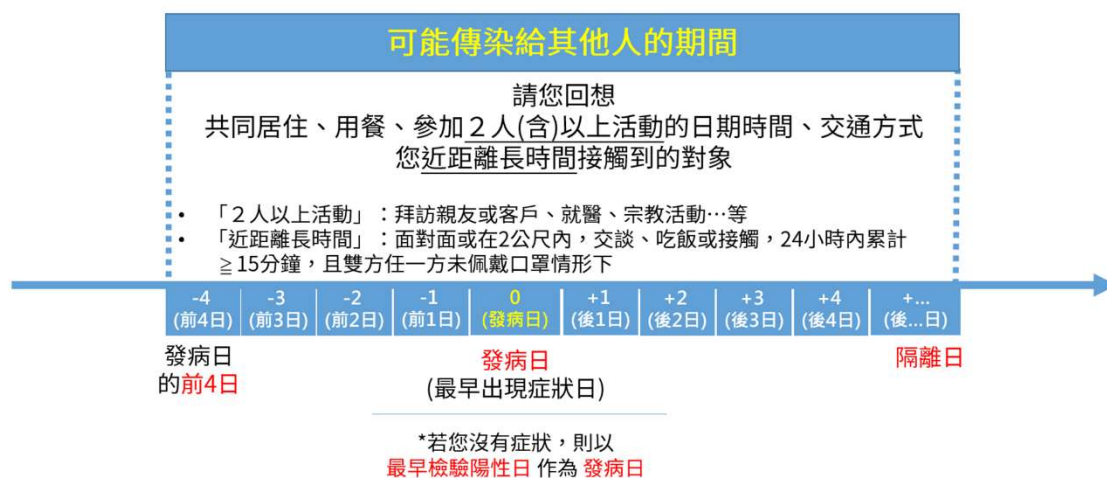
如果我被確診 COVID-19，誰是我的密切接觸者？

告訴公衛人員您的密切接觸者是誰很重要，因為他們可能已經接觸過病毒而有感染的風險。為了保護他們的健康和避免疾病進一步傳播，公衛人員會安排他們進行 PCR 檢測、隔離並追蹤後續健康狀況。

您的密切接觸者定義

造成 COVID-19 的病毒可能在您發病（或檢驗陽性）的前四日至您被隔離的期間傳染給其他人（如下圖）

COVID-19可傳染期 (示意圖)



請仔細回想在您最早出現症狀的發病日（如沒有症狀，則為最早檢驗陽性日）的前四天到您被隔離前這段期間，您曾經在任一方未佩戴口罩情況下，曾經接觸的人、接觸的時間及地點，例如：共同居住、用餐、聚會或參加活動、搭乘的交通工具及可能接觸達 15 分鐘的對象，包含但不限於：

A. 您曾接觸的人

- 與您共同居住者（如：同住親友、伴侶）

- 曾與您見面聚會或聚餐的親戚或朋友
- 曾因工作而與您有見面接觸的職場同事或客戶
- 曾因就學而與您有見面接觸的同學或師長
- 曾至家中拜訪或提供服務的對象(如：親友、居家照護、保姆、清潔人員、裝潢維修人員等)

A. 您曾去過的地點及時間

- 曾去過的醫療照護院所 (如：藥局、牙醫、中西醫門診、醫院、長照機構等)
- 參加人潮擁擠的活動(如：宗教活動、大型集會等)
- 參加室內通風不良或密閉空間之活動或聚會(如：麻將室、卡拉 OK 等)
- 共同搭乘交通工具或大眾運輸
- 其他可能接觸不特定對象之活動，如健身房、理髮（容）院、賣場、百貨公司、藝文活動等

※ 請您回想後填寫「**COVID-19 確診個案自填版疫調單**」，並於接獲公衛人員連繫時，告知疫調相關資訊。

如何通知我的密切接觸者

如果您可以聯絡您的密切接觸者，請他們留在家中自我隔離，並主動聯絡衛生單位或等候衛生單位通知。等候期間，請他們佩戴口罩和注意手部衛生並避免與其他同住者接觸或共同用餐，觀察自己是否出現 COVID-19 相關症狀。如果出現發燒咳嗽、喉嚨痛、流鼻水、腹瀉、倦怠、嗅味覺異常、喘等疑似症狀，請以家用快篩進行檢測或連繫各地方政府衛生局或撥打 1999、1922。

COVID-19 確診個案 注意事項	COVID-19 接觸者 注意事項	各地方政府衛生局 聯絡資訊及網站
		

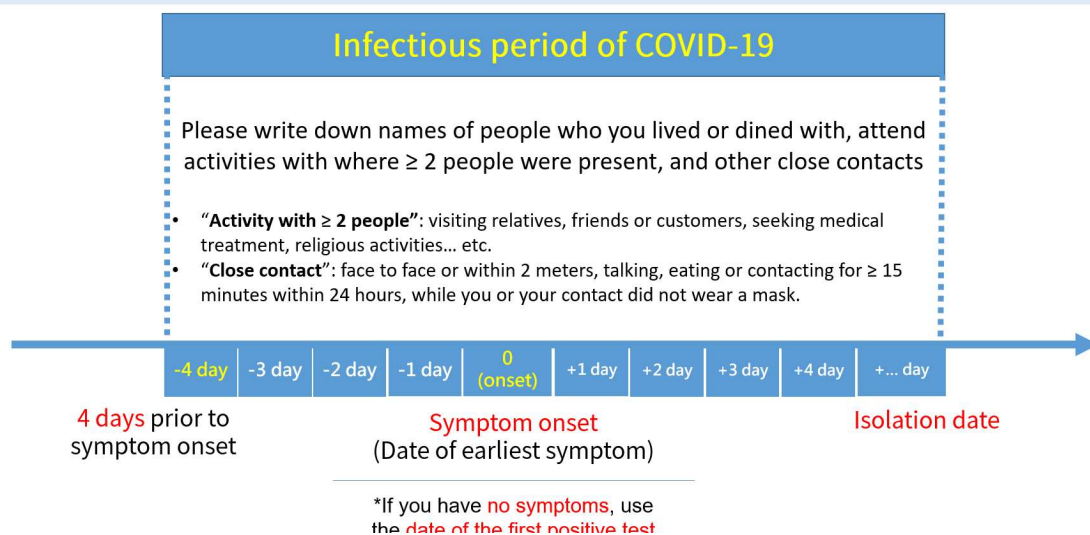
If I have COVID-19, who are my close contacts?

It is important to tell public health workers who your close contacts are, as they may have been exposed to the virus and are at risk of infection. To protect their health and prevent further transmission of COVID-19, public health workers will arrange PCR testing, quarantine and monitor their health.

Definition of your close contacts

You could pass on the virus that causes COVID-19 to people around you from 4 days prior to symptom onset (or testing positive) to the day of your isolation (see Figure).

Infectious period of COVID-19 (schematic diagram)



Please identify **who, when, and where** you have been in close contact with from 4 days before your symptom onset (or testing positive) to the date of being isolated.

Close contacts are defined as individuals who had face-to-face contact with you for more than 15 minutes over a 24-hour period while either of you did not wear a mask, or those whom you live, dine, or interact with, including but not limited to:

A. People you may have contacted with

- Household contacts (People who lives with you)
- Friends or relatives who you ate with or had gotten together
- People who have visited or provided services in your home (such as: relatives or friends, home health aide, childcare provider, house cleaning servicer, other service providers, etc.)
- Colleagues, clients, or customers who you had face to face contact with

B. Where and when you may have been

- Clinics, hospitals or nursing homes you had visited
- Crowded events (for example, religious events, large gatherings, etc.)
- Activities or gatherings with poor indoor ventilation or confined spaces (such as: Mahjong rooms, karaoke, etc.)
- Shared rides or public transportation
- Others who you had contact through other activities, including gyms, barbershops or salons, grocery stores, department stores, or arts and cultural activities etc.

※ Please fill in the "**COVID-19 Self-report Contact Tracing Form**", and provide

relevant information when public health workers contact you.

How to notify my close contacts

Please get in touch with your close contacts while either of you did not wear a mask.

Ask your close contacts to stay at home. Your close contacts may contact the health

authority directly or wait for the health authority to make the contact. In the

meantime, please wear masks, practice good hand hygiene, avoid contacting or




eating with others, and monitor for symptoms which might be caused by COVID-19.

If your contacts develop fever, cough, sore throat, runny nose, diarrhea, tiredness,

loss of smell or taste, or difficulty in breathing, please use a rapid antigen test or

contact the local health bureau. Alternatively, your contacts may seek assistance by

dialing 1999 or 1922.

Precautions for COVID-19 cases	Precautions for close contacts of COVID-19	Information and website of local Health Bureau
		

COVID-19 Self-report Contact Tracing Form

※ 您所填寫的資料均僅限用於疫情調查。切勿洩漏個人資料給無法確認身分之

不明人士，如有相關疑問，請洽各地方政府衛生局。

※ The information you provide is only used for COVID-19 case investigation. Do not

disclose personal information to unknown persons. If you have any questions,

please contact the public health bureau.

1、基本資料 | Your information

(1) 姓名 | Name : _____

(2) 身分證字號、護照號碼或居留證號碼 | ID, passport number or alien

resident certificate number : _____

(3) 手機號碼 | Phone number : _____

(4) 年齡 | Age : _____歲 (years)

(5) 職業或身分別 | Occupation : _____

(6) 您目前工作或就學的公司/學校名稱 | Name of your employment or

school : _____

2、症狀 | Symptoms

(1) 您是否曾經出現症狀？ | Did you have any symptoms?

☐ 無症狀 No ,

您**最早檢驗陽性**的日期（陽性日） | Date of first positive test

（西元 AD）_____年(year)_____月(month)_____日(day)

☐有症狀 Yes，

您**最早出現症狀**的日期（發病日） | Date of symptom onset

（西元 AD）_____年(year)_____月(month)_____日(day)

3、**密切接觸者** | Close contacts

(1) 您的**同住家人或親友** | Family or others who normally live with you

☐沒有 None

姓名 Name	電話號碼 Phone number

(2) 您**聚會或聚餐的親友或其他對象** | Friends, relatives or others who you

ate with or had activities together

☐沒有 None

姓名 Name	電話號碼 Phone number

(3) 您在職場或學校的接觸對象（包含同事、客戶、同學和老師）或聯絡

窗口 | Please list your contacts at work or school, including colleagues,

clients, classmates and teachers or the contact person

☐ 沒有 None

姓名 Name	關係 Relationship	電話號碼 Phone number

(4) 您曾去過的醫療照護院所（包含牙醫診所、中西醫診所、急診、醫院、

長照機構） | Please list all clinics, hospitals or nursing homes where you

had visited, including dentists, (Chinese medicine) clinics, emergency

rooms, hospitals, or nursing homes.

☐ 沒有 None

日期（月/日） Date (mm/dd)	醫療照護院所名稱 Name of clinics, hospitals, or nursing homes

(5) 您的**活動史**，如曾參加聚餐、宗教活動、室內聚會、健身房、理髮（容）院、

賣場或百貨公司等？ | Please list the type and place of all your activities, including

eating out at restaurants, churches, mosques, or other places of worship, indoor

gatherings or parties, gyms, barbershops or salons, grocery stores or department

stores, etc.

發病日或採檢陽性日前（後） Day(s) before (or after) symptom onset or test positive	日期 （月/日） Date (mm/dd)	地點或活動 (Place or activities)	交通工具 (Transportation used)
-4			
-3			
-2			
-1			
發病日或採檢陽性日 (day of symptom onset or testing positive)			
1			
2			
3			
4			

1、 您是否有慢性疾病或懷孕？（可複選） | Do you have any of the following

underlying diseases? Are you currently pregnant? (Select all that apply)

☐ 沒有 No

☐ 心血管疾病（高血壓除

☐ 氣喘 Asthma

外）Cardiovascular diseases (other
than high blood pressure)

☐ 慢性肺部疾病（氣喘除

外）Chronic lung diseases other than

☐ 高血壓 High blood pressure

asthma

☐ 糖尿病 Diabetes

☐ 肥胖 Obesity (BMI ≥ 30) (BMI=[體
重 kg \div 身高 m²])

☐ 肝臟疾病（如：肝炎、肝硬

化）Liver diseases (hepatitis,

☐ 代謝性疾病（如：高血脂等；糖

cirrhosis)

尿病除外）Metabolic diseases other
than diabetes (eg. Hyperlipidemia)

☐ 腎臟疾病（如：慢性腎功能不

全、長期接受洗腎[血液或腹膜透

析]) Kidney diseases (chronic renal

insufficiency, receiving hemodialysis

or peritoneal dialysis)

☐ 仍在治療中或未治癒的癌症

Cancer under active treatment

☐ 懷孕（請說明懷孕週

數）Pregnant (Fill in weeks of

pregnancy)週數 Weeks : _____

☐ 免疫低下狀態 Immunodeficiency

☐ 生產後六週內 Within 6 weeks

post-partum

☐神經肌肉疾病 Neuromuscular

☐精神疾病 Mental disorders

diseases

☐其他 Others : _____

2、疫苗接種史 | Vaccination history

(1) 您是否曾接種 COVID-19 疫苗？ | Have you been vaccinated against

COVID-19?

☐否 No ☐是 Yes , 總共接種(total vaccine doses)_____劑