COVID-19 REGULATIONS INFORMED CONSENT

Date: ___dd/mm/yy____

	In accordance with Article 58 of the Communicable Disease Control				
Act,	Ι,_	[Full Name]	_hereby agree	the following mentioned regulations	
upon my entry:					
	1.	Be quarantine	ed for 14 days	s in the facility designated by the	
		Taiwan Center	rs for Disease (Control after landing Taiwan (R.O.C.)	
	and receive testing for COVID-19.				
	2.	Pay all the expenses related to the quarantine, such as food,			
	accommodations, transportation costs, and requesting COVID-19				
	testing.				
	3. Abide by the regulations, if there is any unexpected situation related to COVID-19, further medical treatments or testing are				
	needed or further quarantine measures need to be taken, and pay				
		all the expenses mentioned above.			
Signature:					
Nationality:				Passport No.:	
Data of Rirth:				Candar :	
Date of Birth: Gender:					
Address in Taiwan:					
Contact Person (name & phone number) in Taiwan:					