109 年 8 月 1 日制定公告
111 年 3 月 10 日修正公告

COVID-19 REGULATIONS INFORMED CONSENT

Date：____dd/mm/yy_____

In accordance with Article 58 of the Communicable Disease Control Act, I, [Full Name] hereby agree the following mentioned regulations upon my entry:

1. Be quarantined for 10 days in the facility designated by the Taiwan Centers 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.：_____

Date of Birth：_____ Gender：_____

Address in Taiwan：_____

Contact Person (name & phone number) in Taiwan：_____