

Application Form for Out-of-Pocket Polymerase Chain Reaction (PCR)

Testing for Coronavirus Disease 2019 (COVID-19)

Application Date: / / (DD/MM/YYYY)

Name	(Signature)	Identification No.	<input type="checkbox"/> National ID Card <input type="checkbox"/> Resident Certificate <input type="checkbox"/> Passport
Date of Birth	(DD/MM/YYYY)		
Legal representative 【Only required for applicants under the age of 20.】	(Signature)	Identification No.	<input type="checkbox"/> National ID Card <input type="checkbox"/> Resident Certificate <input type="checkbox"/> Passport
Relationship to Applicant			
Reason	<input type="checkbox"/> Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. (the relative[s] is[are] <input type="checkbox"/> in Taiwan <input type="checkbox"/> abroad.) <input type="checkbox"/> To enter other countries for the compassionate reasons listed above <input type="checkbox"/> Job requirements <input type="checkbox"/> Short-term business travelers <input type="checkbox"/> Study abroad <input type="checkbox"/> Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who will depart from Taiwan <input type="checkbox"/> Family members of people traveling abroad for the reasons listed above <input type="checkbox"/> Approved by the Central Epidemic Command Center <input type="checkbox"/> Other issues: _____		
Date of Departure 【Only for applicants with departure plans】	Departure date	(DD/MM/YYYY)	
	Flight No.		
Expected date for PCR report	<input type="checkbox"/> Regular case (PCR report will be issued within 48 hours after receipt of the sample) <input type="checkbox"/> Urgent case (PCR report will be issued within 12 hours after receipt of the sample)		
Consent to collection, processing, and use of personal data relating to COVID-19 PCR testing	By providing my signature below, I (the applicant) give consent to the National Health Insurance Administration (NHIA) and the Taiwan Centers for Disease Control (Taiwan CDC) to process or use my personal data (including name, ID No., date of birth, test results, etc.) collected for COVID-19 PCR testing by <u>CHINA MEDICAL UNIVERSITY HSINCHU HOSPITAL</u> (Name of Hospital) on <u> </u> / <u> </u> / <u> </u> (DD/MM/YYYY). 1. I agree to provide personal data to the NHIA and agree that the NHIA may upload my personal medical information to the “My		

Health Bank” system and "MediCloud" System and collect, process or use my medical information for necessary medical purposes for the following time period:

(please check one box) permanently within _____ year(s) from the date of this application form.

_____ (Signature)

Legal representative _____ (Signature)

2. I agree to provide personal data to Taiwan CDC for epidemic surveillance purposes for the following time period:

(please check one box) permanently within _____ year(s) from the date of this application form.

_____ (Signature)

Legal representative _____ (Signature)

I fully understand the following information: My refusal to give this consent will not have any effect on my COVID-19 testing application. If I agree to provide my personal medical information to the NHIA and Taiwan CDC, I am entitled to exercise the following rights with regard to my personal data provided and to reserve the right to revoke this consent at any time according to Article 3 of the Personal Data Protection Act in Taiwan:

1. the right to make an inquiry of and to review my personal data;
2. the right to request a copy of my personal data;
3. the right to supplement or correct my personal data;
4. the right to demand the cessation of the collection, processing or use of my personal data; and
5. the right to erase my personal data.

Date: ____ / ____ / ____ (DD/MM/YYYY)