

DAILY SELF-HEALTH MONITORING FORM

Date RT-PCR Test Taken:

Date of RT-PCR Result:

Testing Facility/Center:

Result:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Dates:							
Temperature:							
Wear Facemask:							
Symptoms:							
• Fever							
• Cough and/ or colds							
• Body Pain							
• Sore Throat							
• Fatigue/Tiredness							
• Headache							
• Diarrhea							
• Others							
Medicines taken (if any)							
Place(s) visited outside of residence/facility/training center*							
Reason for visiting							
Place of stay/quarantine							

Strict quarantine (one room-one-person policy) from time RT-PCR test is administered up to the time of departure

I hereby certify that the above information are true and correct to the best of my knowledge.

Worker's Signature above Printed Name

Date _____

I hereby certify that I fully monitored the subject worker and the information stated above are true and correct to the best of my knowledge.

Agency Authorized Representative (Monitoring Officer)

Date _____

外國人力仲介公司防疫計畫及檢核表

110.11.8

國別		<input type="checkbox"/> 泰國 <input type="checkbox"/> 菲律賓 <input type="checkbox"/> 印尼 <input type="checkbox"/> 越南	
外國人力仲介公司	經中華民國認可仲介編號		
	英文名稱		
	當地國語文名稱		
	中文名稱		
訓練機構	訓練機構名稱		
	訓練機構地址		
防疫計畫內容應規劃事項 (外國人力仲介公司填寫)			檢核事項 (由當地國主管機關檢核人員填寫欄)
1.訓練機構同一時段訓練人數應減少 50%		最大訓練人數：_____人 減少 50% 人之訓練人數：_____人	1.查核日之現場訓練人數：____人 2.是否符合減量 50%： <input type="checkbox"/> 是 <input type="checkbox"/> 否
2.訓練機構安排住宿地點之居住人數應減少 50%，住宿地點每房居住人數不得超過 6 人		可住宿最大人數：____人 整體住宿人數減少 50% 人數：_____人	1.查核日之住宿人數：____人 2.是否符合減量 50%： <input type="checkbox"/> 是 <input type="checkbox"/> 否 3.是否該地址全數房間住宿人數均小於 6 人： <input type="checkbox"/> 是 <input type="checkbox"/> 否
3.移工預計前往之 PCR 檢驗機構經中華民國指揮中心事前同意		檢驗機構名稱： _____	是否符合中華民國指揮中心同意之檢驗機構名單： <input type="checkbox"/> 是 <input type="checkbox"/> 否

4.移工進入訓練機構受訓 3 日前，應進行 PCR 檢驗，且檢驗結果須為陰性	檢驗結果應由訓練機構保存 180 日	已有保存機制： <input type="checkbox"/> 是 <input type="checkbox"/> 否
5. 移工於登機前 7 日進行自主健康管理措施	1.自主健康管理期間，每日早晚各量體溫一次、詳實記錄體溫、健康狀況及活動史，並保存 180 日 2.遵守全程正確佩戴口罩，並避免出入無法保持社交距離(室內 1.5 公尺，室外 1 公尺)，或容易近距離接觸不特定人之場所。 3.禁止從事近距離或群聚型之活動，如聚餐、聚會、公眾集會或其他相類似之活動。 4.若出現嚴重特殊傳染性肺炎相關症狀，就醫後，經通報為嚴重特殊傳染性肺炎個案，並經醫療院所安排採檢，於接獲檢查結果通知前，應留在原住所，不可外出。	1.已有體溫測量結果保存機制： <input type="checkbox"/> 是 <input type="checkbox"/> 否 2.自主健康管理地點有無提供戴口罩： <input type="checkbox"/> 是 <input type="checkbox"/> 否 3.有無宣導自主健康管理應遵守事項： <input type="checkbox"/> 是 <input type="checkbox"/> 否
6.移工於登機入境我國 72 小時前，再次辦理 PCR 檢驗，且檢驗結果須為陰性	檢驗機構名稱： _____	是否符合中華民國指揮中心同意之檢驗機構名單： <input type="checkbox"/> 是 <input type="checkbox"/> 否
7.備妥一人一室隔離處供外國人於登機前 PCR 檢驗後居住	一人一室隔離地點位於： <input type="checkbox"/> 同一訓練機構 <input type="checkbox"/> 訓練機構以外地點:	已備妥一人一室地點： <input type="checkbox"/> 是 <input type="checkbox"/> 否

	<div><input type="checkbox"/>旅館 (名稱：_____) _____)</div> <div><input type="checkbox"/>其他地點： (地址：_____) _____)</div> <div>(如有二個以上隔離地點，請 用附件表列)</div>	
受檢核之訓練機構代表人員簽名		
實施檢核之當地國中央或地方主管機關名稱		
當地國中央或地方主管機關檢核人員簽名		
檢核機關用印或單位主管簽名		
(若有中華民國駐當地國人員陪同檢核) 陪同檢核人員簽名		
檢核日期(西元年月日)yyyy/mm/dd：		

備註：

1. 每一訓練機構應單獨填寫一份檢核表。
2. 除外國人力仲介機構中文名稱外，其餘欄位均為必填。
3. 倘移工入境後發生確診之情事，經疫調有移工居住環境未符合防疫計畫書內容、未確實辦理 PCR 檢驗、提供不實疫苗接種證明，或同一訓練所同一時段有 2 名以上移工確診之情事等，將暫緩該外國人力仲介公司辦理移工來臺工作業務；倘涉及提供不實資料，將

依私立就業服務機構許可及管理辦法第 31 條第 1 項第 6 款規定，廢止其認可。

**Foreign Human Resources Agency
Pandemic Prevention Plan and Checklist**

Country		<input type="checkbox"/> Thailand	<input type="checkbox"/> Philippines
		<input type="checkbox"/> Indonesia	<input type="checkbox"/> Vietnam
Foreign Human Resources Agency	ROC approved human resources agency No.		
	English name		
	Name in local language		
	Chinese name		
Training agency	Name of training agency		
	Address of training agency		
Items to be planned as part of Pandemic prevention program (to be filled in by the foreign human resources agency)			Checklist items (to be filled in by the competent authority in the country of origin)
1. The number of people trained by the training agency at any one time should be reduced by 50%	Maximum number of trainees: _____ Number of trainees after 50% reduction: _____	1. Number of trainees on day of inspection: _____ 2. Does this meet the 50% reduction provision: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The number of people resident in accommodation arranged by the training agency should be reduced by 50%. Individual rooms should house a maximum of six people.	Maximum number of residents: _____ Number of residents after 50% reduction: _____	1. Number of residents on day of inspection: _____ 2. Does this meet the 50% reduction provision: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are a maximum of six people housed in each room: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Pre-approval from the ROC's Central Epidemic Command Center (CECC) of the PCR testing agency to be visited by foreign workers	Name of testing agency: _____	Is the testing agency on the list of CECC approved testing agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Foreign workers should receive a PCR test three days prior to attending the training institute and the test result must be negative	The training institute must retain the test results for 180 days	Is there a test result preservation mechanism: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Foreign workers are required to observe self-health management measures for the seven days before they board a flight to Taiwan	<p>1. During the self-health management period individuals should keep a record of their temperature (taken every morning and night), health status and movements, to be retained for 180 days.</p> <p>2. A face mask must be worn for the duration and places where social distancing (1.5m indoors and 1m outdoors) cannot be observed or close contact with non designated individuals is likely should be avoided.</p> <p>3. Participation in close quarter or group activities is strictly forbidden, including dining together, meetings, public gatherings or similar activities.</p> <p>4. If an individual develops suspected COVID-19 related symptoms medical attention should be sought and it will be reported as a potential</p>	<p>1. Are temperature test results preserved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the self-health management location provide face masks: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is guidance provided on observing self-health management: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	COVID-19 case. After receiving a test at a hospital and before the results are known the individual should remain in his or her residence and not go outside.	
6. Foreign workers should receive an additional PCR test within 72 hours prior to arriving in Taiwan and the result must be negative	Name of testing agency: _____	Is the testing agency on the list of CECC approved testing agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Provision of one-person per room quarantine living space for foreign nationals after receiving a PCR test and before boarding a plane to Taiwan	The one-person per room quarantine living space is located in: <ul style="list-style-type: none">• The training institute• A location other than the training institute: <input type="checkbox"/> Hotel (Name: : _____) <input type="checkbox"/> Other location: (Address: _____) (If there are two or more quarantine locations then please use the appended list)	Existing one-person per room living space: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of approved training institute representative		
Name of the central or local government competent authority conducting the inspection in the country of origin		
Signature of inspector from central or local government competent authority in the country of origin		

Official seal of inspection agency or signature of senior agency official	
Signature of accompanying inspection personnel (in the event an ROC official resident in the country of origin takes part in the inspection)	
Inspection date: yyyy/mm/dd:	

- Notes:
- Each training institute should independently fill in this form.
 - Other than the Chinese name of the foreign human resources agency all other columns must be filled in.
 - When a foreign worker tests positive for COVID-19 after arriving in the ROC, if an investigation shows that the worker's living environment did not meet the conditions laid down in the Pandemic Prevention Plan, that a PCR test was not administered, fake vaccination certificate was provided or where more than two workers from the same training location test positive in the same time period, the foreign human resources agency will be provisionally banned from arranging for foreign workers to work in Taiwan. In the event false information is provided recognition will be revoked in accordance with Subparagraph 6, Paragraph 2, Article 31 of the Regulations for Permission and Supervision of Private Employment Services Institution.