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| Name of applicant | |  | | Type of identification | □Taiwan ID □ARC  □Passport |
| Date of birth | | Month\_\_ Day\_\_\_\_\_Year | | NO: |
| Gender | | * Male　□Female | | Contact Number |  |
| Legal representative | |  | | Type of identification | □Taiwan ID □ARC □Passport |
| Relationship with the applicant | |  | | NO: |
| Reason for the application | | □The person under house quarantine/isolation needs to travel for compassionate reasons or other urgent and special need for relatives □in Taiwan or □overseas.  □A person who needs to go abroad for compassionate reasons or other urgent needs for relatives overseas  □Work required  □Short-term business travelers  □Study abroad  □Foreigners or people coming from China, Hong Kong or Macao need to depart from Taiwan  □Family members of the eligible self-paid COVID-19 applicant  □A person received approval from the Central Epidemic Command Center (CECC)  □Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Departure  【Fill out if applicable】 | | Date of Departure | | Month Day Year | |
| Flight No. | |  | |
| Time frame for the test result | | | * Regular (within 2 working days) □ Expedite (same day) | | |
| Language of test report | | | * in Chinese　　 　 □ in English | | |
| Report for the specific country | | | * Hawaii (+$200 NTD) □ Japan (+$200NTD) | | |
| Applicant agrees to pay for the self-pay COVID-19 (PCR) test for the price of $5,000 NTD (regular) or $7000 NTD (expedite) with the above reason. | | | | | |
| Consent for COVID-19 data collection and usage | *\*Please leave this column blank if you don’t want to give your consent, and kindly note it does not affect your COVID-19 test.*  The information above, including my name, ID number, date of birth, and test result etc. that I use for COVID-19 test in \_\_\_\_\_\_\_\_\_\_\_ (Month/Day/Year) for MacKay Memorial Hospital,  1. I agree that Taiwan National Health Insurance Administration can keep  my information, starting from the date of signing this form □ permanently or □ within\_\_\_\_years, and I also agree during this duration, my information can be stored in □ the Health System ‘My Health Bank’, and in □ Taiwan National Health Insurance MediCloud System. My information can be collected, utilized when it is required by my medical status.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of applicant or legal representative)  □ 2. I agree my information can be utilized by Taiwan Centers for Disease  Control(CDC) for the disease monitoring and control.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of applicant or legal representative)  I understand my information will be used under the Article 3 of Taiwan Personal Data Protection Act, which means I have the right to withdraw my consent at any time, and utilize the following rights: inquire, read, apply a copy, adjust, delete, request to stop using my information.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of applicant or legal representative) | | | | |
| Signature of applicant: , Signature of legal representative: \_\_\_\_\_\_\_ \_  Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month /Day/Year)  Signature of collection (or postage)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_(Month /Day/Year) | | | | | |