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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) |