## Application Form for Out-of-Pocket Polymerase Chain Reaction (PCR) Testing for Coronavirus Disease 2019 (COVID-19) Application Date: / / (DD/MM/YYYY)

			Application Date:	/ / (DD/MM/YYYY)			
				□ National ID Card			
Name	(Signature)		Identification	☐ Resident ertificate ☐ Passport			
			No.	L 1 dosport			
Date of Birth	(DD/MM/YYYY)		INO.				
Legal representative		<u>, , , , , , , , , , , , , , , , , , , </u>		□ National ID Card			
Only required for applicant				□ Resident ertificate			
under the age of 20.	(Signature)		Identification	□ Passport			
Relationship to			No.				
Applicant			r				
Reason	<ul> <li>□ 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] □in Taiwan □abroad.)</li> <li>□ To enter other countries for the compassionate reasons listed above</li> <li>□ Job requirements</li> <li>□ Short-term business travelers</li> <li>□ Study abroad</li> <li>□ Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who will depart from Taiwan</li> <li>□ Family members of people traveling abroad for the reasons listed above</li> <li>□ Approved by the Central Epidemic Command Center</li> </ul>						
Date of Departure  [Only for applicants with departure plans]	☐ Other issues:			(DD/MM/YYYY)			
	Flight No.						
Expected date for I	PCR report						
Depature destination/reason							
Consent to collection, processing, and use of personal data relating to COVID-19 PCR testing	personal data (including name, ID No., date of birth, test results, etc.) on/(DD/MM/YYYY).						
13 FCN testing	1. I agree to provide personal data to the NHIA and agree that the						

Legal representative	NHIA may upload Health Bank" system process or use more purposes for the following the date of this app	tem and □ y medical inf lowing time p box) □perman lication form.	"MediClo formation period: nently 🗆	oud" Syst n for ne	tem and collect, ecessary medical		
<ul> <li>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</li></ul>			(Sic	nature)			
(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 supplement or correct my personal data; 3. 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.  5. the right to erase my personal data.					DC for epidemic		
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.  5. the right to erase my personal data.	surveillance purposes for the following time period:						
Legal representative	· · · · · · · · · · · · · · · · · · ·						
Legal representative	the date of this application form.						
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.  5. the right to erase my personal data.	(S	ignature)					
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.  5. the right to erase my personal data.	Legal representative		(Si	gnature)			
Date: / / (DD/MM/YYYY)	If I agree to provide my Taiwan CDC, I am entite to my personal data personal data personal data and time. Protection Act in Taiwan 1. the right to make and 2. the right to request 3. the right to supplement 4. the right to demand use of my personal data.	ny effect on ny personal med to exercise rovided and to according to not inquiry of any nent or correct the cessation I data; and 5	ny COVIDedical info se the fol so reserve Article and to revi personal of my per n of the co	ormation lowing rethering 3 of the www.pedata; sonal data;	ng application. to the NHIA and ights with regard ht to revoke this e Personal Data ersonal data; ta; ta; ta;		
		Date:	/	/	(DD/MM/YYYY)		