

公告附件－居家檢疫健康狀況監測表

Epidemic Prevention Quarantine Hotels						
Home Quarantine Self-Health Management						
Full Name:				ID/Passport ID:		
Location (Name of the hotel):				Room Number:		
Quarantine Period: 2020 / MM / DD to 2020 / MM / DD						
Date (MM/DD)	Time (hh:mm)	Body Temperature	Symptoms	Time (hh:mm)	Body Temperature	Symptoms
Date (MM/DD)	Time (hh:mm)	Body Temperature	Symptoms	Time (hh:mm)	Body Temperature	Symptoms
Date (MM/DD)	Time (hh:mm)	Body Temperature	Symptoms	Time (hh:mm)	Body Temperature	Symptoms
Date (MM/DD)	Time (hh:mm)	Body Temperature	Symptoms	Time (hh:mm)	Body Temperature	Symptoms
Date (MM/DD)	Time (hh:mm)	Body Temperature	Symptoms	Time (hh:mm)	Body Temperature	Symptoms

I hereby agree the above information will be submitted to \_\_\_\_\_ (Company name) and the hotel.

Implemented by \_\_\_\_\_ (Guest's signature)