

COVID-19 自費檢驗報告授權同意書(範例)

本人_____同意採檢醫院_____醫院將

COVID-19 自費檢驗報告先行傳真_____衛生局，以利衛

生局進行審核居家檢疫縮短天數作業。

同意人簽章：_____

身分證／居留證／護照號碼：_____

民國_____年_____月_____日

簽署完成請回傳_____衛生局

COVID-19 Testing Report Authorization and Consent Form

I _____ agree that the testing hospital _____ could fax the COVID-19 testing report at my own expense to _____ health bureau to verify the application for shortening days of home quarantine.

Signature: _____

ID: _____

Date: _____ (year/month/day)

Please return to _____ health bureau after signing.