

Application Form for COVID-19 Testing (PCR) of MacKay Memorial Hospital

ver.2021.04.29

Name of applicant	Type of identification	<input type="checkbox"/> Taiwan ID <input type="checkbox"/> ARC <input type="checkbox"/> Passport	
	Taiwan ID / ARC		
	Passport	If you are ready departure, please bring the passport	
	Date of birth	___Month___Day___Year	
Reason for the application	<input type="checkbox"/> The person under house quarantine/isolation needs to travel for compassionate reasons or other urgent and special need for relatives <input type="checkbox"/> in Taiwan or <input type="checkbox"/> overseas. <input type="checkbox"/> A person who needs to go abroad for compassionate reasons or other urgent needs for relatives overseas <input type="checkbox"/> Work required <input type="checkbox"/> Short-term business travelers <input type="checkbox"/> Study abroad <input type="checkbox"/> Foreigners or people coming from China, Hong Kong or Macao need to de-part from Taiwan <input type="checkbox"/> Family members of the eligible self-paid COVID-19 applicant <input type="checkbox"/> Others:_____		
Departure 【Fill out if applicable】	Date of Departure	___Month___Day___Year	Flight No. _____
Consent to collection, processing, and use of personal data relating to COVID-19 PCR testing	<p>By providing my signature below, I (the applicant) give consent to the National Health Insurance Administration (NHIA) and the Taiwan Centers for Disease Control (Taiwan CDC) to process or use my personal data (including name, ID No., date of birth, test results, etc.) collected for COVID-19 PCR testing by _____ (Name of Hospital) on ___/___/___(DD/MM/YYYY).</p> <p>1. I agree to provide personal data to the NHIA and agree that the NHIA may upload my personal medical information to the "My Health Bank" system and <input type="checkbox"/> "MediCloud" System and collect, process or use my medical information for necessary medical purposes for the following time period: (please check one box) <input type="checkbox"/>permanently <input type="checkbox"/>within_____ year(s) from the date of this application form.</p> <p>_____(Signature)</p> <p>Legal representative _____(Signature)</p>		

	<p>2.I agree to provide personal data to Taiwan CDC for epidemic surveillance purposes for the following time period: (please check one box) <input type="checkbox"/> permanently <input type="checkbox"/> within _____ year(s) from the date of this application form.</p> <p>_____ (Signature)</p> <p>Legal representative _____ (Signature)</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>Date: _____ (DD/MM/YYYY)</p>
Report	<p>Chinese and English version _____ copies</p> <p>Japanese version _____ copies</p> <p>State of Hawaii Certificate of testing for covid-19 _____ copies</p>

Mobile(for Text message): _____

Signature:

Date: