

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

ver.2021.04.12

Name of applicant		Type of identification	<input type="checkbox"/> Taiwan ID <input type="checkbox"/> ARC <input type="checkbox"/> Passport
Date of birth	__Month__Day____Year		NO:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Number	
Legal representative		Type of identification	<input type="checkbox"/> Taiwan ID <input type="checkbox"/> ARC <input type="checkbox"/> Passport
Relationship with the applicant			NO:
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 depart from Taiwan <input type="checkbox"/> Family members of the eligible self-paid COVID-19 applicant <input type="checkbox"/> A person received approval from the Central Epidemic Command Center (CECC) <input type="checkbox"/> Others:_____		
Departure 【Fill out if applicable】	Date of Departure	__Month__Day____Year	
	Flight No.		
Time frame for the test result	<input type="checkbox"/> Regular (within 2 working days) <input type="checkbox"/> Expedite (same day)		
Language of test report	<input type="checkbox"/> in Chinese <input type="checkbox"/> in English		
Applicant agrees to pay for the self-pay COVID-19 (PCR test) testing for the price of \$8,000 NTD with the above reason.			
Consent for COVID-19 data collection and usage	<p><i>*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.</i></p> <p>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,</p> <p>1. I agree that Taiwan National Health Insurance Administration can keep my information, starting from the date of signing this form <input type="checkbox"/> permanently or <input type="checkbox"/> within____years, and I also agree during this duration, my information can be</p>		

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<p>stored in <input type="checkbox"/> the Health System 'My Health Bank', and in <input type="checkbox"/> Taiwan National Health Insurance MediCloud System. My information can be collected, utilized when it is required by my medical status.</p> <p>_____(Signature of applicant or legal representative)</p> <p><input type="checkbox"/> 2. I agree my information can be utilized by Taiwan Centers for Disease Control(CDC) for the disease monitoring and control.</p> <p>_____(Signature of applicant or legal representative)</p> <p>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.</p> <p>_____(Signature of applicant or legal representative)</p>
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Signature of applicant: _____, Signature of legal representative: _____

Date of application: _____(Month /Day/Year)

Signature of collection (or postage)_____, Date: _____(Month /Day/Year)