

Dr. Ben Ploeger *Superintendent of Schools*  
Dawn Rock *HS Principal*



Jessie Coyle *ES Principal*  
Barnaby Payne *MS Principal*

## Kaohsiung American School

### COVID-19 Visitor Contact/Travel History & Health Declaration Affirmation Form

**My signature below affirms that I have not traveled internationally in the past 14 days, and that I have not had contact with someone who has traveled overseas in the past 14 days. I do not have any COVID-19 symptoms.**

Visit Date	ID Number
Print Name	Contact number:

in accordance with Personal Data Protection Act, Kaohsiung American School ("KAS") hereby inform you that we will collect your personal data (including but not limited to name, phone number, email address and other information), conduct processing and use such data for potential COVID-19 outbreak investigations.

**1. Purpose of collection, processing and use of personal data**

We will keep the personal data in strict confidence and use such personal data for the public health and communicable disease control purpose (Code 012) as provided under "The specific purpose and the classification of personal data of the Personal Data Protection Act" promulgated by Ministry of Justice.

**2. Category of personal data to be collected**

The personal data to be collected from you may include your name, phone number, email address, travel details and other information which may be used to identify you, both directly and indirectly.

**3. Entities to use personal data and ways of using personal data**

In order to prevent the communicable disease, the personal data collected from you will be provided to the competent health authorities for the epidemic investigation in accordance with the Communicable Disease Control Act and other related laws and regulations, should it be necessary. Data will be filed for 30 days and then shredded.

### **Health Declaration**

I hereby declare that I do not have any following symptoms: cough, fever, fatigue, muscle ache, diarrhea or any respiratory symptoms.

Please note: If you refuse to provide your personal data or/and provide false information, KAS may hereby decline your application for campus access or participation in school events.

### **ACKNOWLEDGEMENT**

I acknowledge that I have read and fully understood the content of this Letter, that I affirm my travel and contact history, health declaration and that I understand KAS personal data usage policy.	Signature
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高雄美國學校  
因應「COVID-19(新冠肺炎)」  
防疫新生活運動實名制登記表及旅遊確認書

本人於此文件之簽名確認本人在過去14天內未曾有國際旅遊史，且未與任何在過去14天具國際旅遊史之人士有接觸史。同時確認本人沒有任何新冠肺炎徵兆。

入校日期	在臺合法身分證件號碼：
姓名(正楷書寫)	聯絡電話：

1. 為維護國內疫情之穩定控制，本校配合政府「COVID19（新冠肺炎）」防疫新生活運動，採行實名制措施。依據「個人資料保護法之特定目的及個人資料之類別」代號 012 公共衛生或傳染病防治之特定目的，蒐集個人資料，且不得為目的外利用。
2. 從您那裡收集的個人資料可能包括您的姓名，電話號碼，電子郵件地址，旅行詳細資訊以及可用於直接或間接識別您的其他資料。
3. 個人資料利用之對象及方式：為防堵疫情而有必要時，得提供衛生主管機關依傳染病防治法等相關規定進行疫情調查及聯繫使用。您的個人資料將留存 30 天後銷毀。

**健康聲明**

本人在此聲明沒有任何新冠肺炎的徵兆：咳嗽，發燒，倦怠，肌肉痠痛，腹瀉或其他任何呼吸道徵狀。

提醒您：申請人如果無法配合本項實名制作業，或是提供不實的資訊與高雄美國學校，將無法進入本校校園或參與本校活動。

本人已詳細閱讀此文件，確認本人無旅遊史/接觸史，並確認本人的健康聲明。同時了解高雄美國校關於個人資料保護之政策。

簽名： \_\_\_\_\_