

**Application Form for Out-of-Pocket Polymerase Chain Reaction (PCR) Testing
for Coronavirus Disease 2019 (COVID-19)**

1100120

Name		Type of identification	<input type="checkbox"/> Citizen ID <input type="checkbox"/> Resident Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Travel Permit for Mainlanders to Enter and Exit Taiwan
		Identification No.	
Reason	<input type="checkbox"/> Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. <input type="checkbox"/> Person under self-health management during the management period who need to visit the sick in the hospital, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. <input type="checkbox"/> To enter other countries for the compassionate reasons listed above. <input type="checkbox"/> job requirements. <input type="checkbox"/> Short-term business travelers. <input type="checkbox"/> to study abroad. <input type="checkbox"/> Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who will depart from Taiwan. <input type="checkbox"/> Family members of people traveling abroad for the reasons listed above. <input type="checkbox"/> Approved by the Central Epidemic Command Center. <input type="checkbox"/> Other issues: <input type="checkbox"/> Person who do not meet the above-mentioned applicable objects but have needs for out-of-pocket testing. Reason: _____ <input type="checkbox"/> Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives overseas in a critical condition, attending funerals of relatives overseas, or dealing with other urgent issues.		
Date of Departure 【Only for applicants with departure plans】	Departure date (YYYY/MM/DD)		
	Flight No.		
Expected date for PCR report			
Remarks			

Signature :

Cell phone number :

Emergency Contact :

Cell phone number :

Date :