

Application Center for Taiwan's Research Vessels

Personal Information Collection and Declaration

Promulgated by the Application Center for Taiwan's Research Vessels on July 20, 2021

1. To perform pandemic prevention surveys during the coronavirus disease (COVID-19) pandemic for research vessels that enter the Kaohsiung, Keelung, Hualien, and Anping ports as well as the ports of other countries, shipping personnel may collect, process, and use the aforementioned data from research personnel for the specific purpose of applying for a permit to sail. The collected data shall be provided to the Shipping Division of the Application Center for Taiwan's Research Vessels for use in official business in accordance with the Personal Data Protection Act.
2. Pursuant to the Personal Data Protection Act, during the preservation period of the declaration, applicants may contact personnel from the Shipping Division of the Application Center for Taiwan's Research Vessels to inquire about; review; request a copy of; supplement or correct; demand the deletion of; or demand the cessation of the collection, processing, or use of personal data.
3. Applicants may choose whether to provide their personal data. However, if the applicants choose not to provide their personal data or to provide incomplete data, the Shipping Division of the Application Center for Taiwan's Research Vessels may be unable to determine the accuracy of such personal data and may not be able to offer related sailing information.
4. Applicants should notify the emergency contact person or other relevant personnel before providing the contact person or relevant personnel's personal information to the Shipping Division of the Application Center for Taiwan's Research Vessels for use in official business-related applications in accordance with the Personal Data Protection Act.
5. Personal data provided by applicants shall be deleted or disposed of after 3 months of preservation by the Shipping Division.

I hereby agree to the aforementioned personal information collection declaration.

Signature: _____

Application date: _____YYYY____MM____DD

Application Center for Taiwan's Research Vessels

Application Center for Taiwan's Research Vessels Personnel Health Declaration Promulgated by the Application Center for Taiwan's Research Vessels on July 6, 2021

I, _____, hereby declare myself healthy and fit to participate in the _____
cruise of the Legend New Ocean Researcher 1 New Ocean Researcher 2 New
Ocean Researcher 3 (From _____YYYY____MM____DD to _____YYYY____MM____DD). I
do not have sudden health risks including cardiovascular diseases, brain diseases,
respiratory diseases, skin diseases, internal organ diseases, metabolic diseases, or motor
diseases. I am responsible for the personal outcomes of any accidents that occur during the
cruise as a result of my personal health factors. I have read and agreed to abide to the
regulations governing living, work, safety, and hygiene on the research vessel as well as the
Safety Regulations for Research Personnel from Research Institutions or Higher Education
Institutions Performing Internships or Research on Research Vessels (filed by letter and
stipulated by the Ministry of Education Tai-Jiao-Gao (1) Zi No. 1040014939 on March 14,
2015).

Signature: _____

Passport no.: _____

TEL: _____

Emergency contact person: _____

TEL: _____

Application date: _____YYYY____MM____DD

Application Center for Taiwan's Research Vessels

Self-health management questionnaire prior to sailing during the COVID-19 pandemic

Promulgated by the Application Center for Taiwan's Research Vessels on July 6, 2021

Name:	Passport no.:	TEL:
Contact address:		
Research vessel of cruise: <input type="checkbox"/> Legend <input type="checkbox"/> NOR1 <input type="checkbox"/> NOR2 <input type="checkbox"/> NOR3 _____		
Duration of cruise: From _____YYYY__MM__DD to _____YYYY__MM__DD		
Job title: <input type="checkbox"/> Navigation crew <input type="checkbox"/> Engine crew <input type="checkbox"/> Technician <input type="checkbox"/> Researcher		
<p>1. I hereby certify that all of the following declarations are true. If the event of concealment or falsification, I acknowledge that I will be held legally responsible.</p> <p>2. I will abide to the health measures taken on board the research vessel. If symptoms such as fever, cough, or dyspnea develop, I will report to the deck officer on duty immediately.</p>		
Have you received COVID-19 vaccination(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> more than 2		
Have you confirmed COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Rapid test positive <input type="checkbox"/> PCR test positive		
Confirmed Date: _____YYYY__MM__DD No. of days before cruise _____ Days		
Have you had any COVID-19 symptoms in the past 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Dyspnea <input type="checkbox"/> Runny nose <input type="checkbox"/> Diarrhea <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> Other _____	
Travel history (in the past 14 days)	<input type="checkbox"/> None <input type="checkbox"/> China (including Hong Kong and Macau) <input type="checkbox"/> South Korea <input type="checkbox"/> Italy <input type="checkbox"/> Iran <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input type="checkbox"/> Thailand <input type="checkbox"/> Other _____	
Flight transfers	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Hong Kong or Macau <input type="checkbox"/> South Korea <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input type="checkbox"/> Thailand <input type="checkbox"/> Other _____	
Travel history of family / friends / colleagues	<input type="checkbox"/> None <input type="checkbox"/> China (Including Hong Kong and Macau) <input type="checkbox"/> South Korea <input type="checkbox"/> Italy <input type="checkbox"/> Iran <input type="checkbox"/> Japan <input type="checkbox"/> Singapore <input type="checkbox"/> Thailand <input type="checkbox"/> Other _____	
Contact history (in the past month)	<input type="checkbox"/> None Did you come into contact with any family members or friends with COVID-19 ? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Have visited hospitals or outpatient clinics <input type="checkbox"/> Have entered or exited airports, tourist sites, and other venues where contact with foreigners is common <input type="checkbox"/> Have participated in public gatherings ○ Religious/political/academic/art-related activities ○ School entrance or graduation ceremonies, marriages or funerals, sports competitions, or other public gatherings <input type="checkbox"/> Have come in contact with wildlife or wild birds	
Cluster history (In the past month)	<input type="checkbox"/> None <input type="checkbox"/> A person in my household was required to undergo: ○ Home isolation ○ Home quarantine ○ Self-health management (Isolation/quarantine/self-health management end date: MM DD) <input type="checkbox"/> I myself or my family members frequently interact with a <input type="checkbox"/> friend <input type="checkbox"/> colleague for work or business who has fever or respiratory tract symptoms	
Signature	_____ Application date: _____YYYY__MM__DD	

(This form and related digital files shall be disposed of after 3 months of preservation by the Shipping Division)