**因應新冠肺炎(COVID-19)實習機構防疫檢核表**

2022.06.16修訂

Revised 2022.06.09

**COVID-19 Pandemic Prevention Checklist for Internship Institutions**

**一、實習機構名稱Name of Internship Institution：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**二、實習機構防疫情形Pandemic Prevention**

**（以下請實習機構填寫to be completed by the internship institution）：**

|  |  |
| --- | --- |
| **檢核欄****Checkboxes** | **檢核項目****Checklist Items** |
| □是**YES**□否**NO** | 1. 實習機構是否會向學生宣導各項防疫措施或職場感染預防訓練。

**Will the internship institution inform students of its pandemic prevention measures or provide training for workplace infection prevention?** |
| □是**YES**□否**NO** | 1. 工作場所是否有定期清潔與消毒。

**Is regular cleaning and disinfection arranged for the workplace?** |
| □是**YES**□否**NO** | 1. 是否有建立體溫量測及篩檢措施，加強員工健康管理。

**Is a body temperature and screening mechanism in place to strengthen workers’ health management?** |
| □是**YES**□否**NO** | 1. 實習機構是否有充足的防疫物資防護(例如口罩、酒精、防護面罩等)。

**Does the internship institution have sufficient pandemic prevention supplies (e.g., face masks, disinfection alcohol, face shield, etc.)?** |
| □是**YES**□否**NO** | 1. 實習工作場所是否有醫療部門或有特約醫院機構合作?

**Does the internship workplace have a medical care department or has it cooperated with a contracted medical care institution?** |
| □是**YES**□否**NO** | 1. 實習機構近三個月是否有員工罹患新冠肺炎（\_\_人）。

**Does the internship institution have confirmed COVID-19 cases among its employees in the most recent three months? (\_\_\_\_\_\_ case[s])** |
| □是**YES**□否**NO** | 1. 實習機構近三個月是否有員工配合國家政策進行居家隔離（＿人）。

**Does the internship institution have employees placed under home quarantine according to the national policy in the most recent three months? (\_\_\_\_\_\_ person[s])** |
| **實習學生染疫醫療協助措施Medical assistance measures for intern infection：** |
| **實習機構其他防疫措施補充說明（請盡量羅列說明相關措施以利系所提送實習委員會評估）：****Supplementary notes on other pandemic prevention measures of the internship institution (Please provide as much information about the relevant measures as possible for assessment by the school department’s internship committee)：** |
| **實習機構填寫人簽章處****Signature of the internship institution’s representative** | **公司章戳(或含有公司名稱之單位章戳)****Company Seal** **(or Institution Chop with the name of the company)** |
| 姓名**Name**：＿＿＿＿＿＿＿＿＿＿＿部門/職稱**Department/Position**：＿＿＿＿＿＿＿ ＿ 連絡電話**Contact No.**：＿＿＿ ＿＿＿＿＿＿＿＿Email：＿＿ ＿＿＿ ＿＿＿＿＿ | (蓋章Signature) |
| (簽章Signature) |

**三、學校評估機制說明School’s Assessment Mechanism**

**（以下請系所單位填寫to be completed by the school department）：**

由於疫情發展情形難以預料評估，本評估係增進了解公司防疫機制，並非保證實習期間不會發生染疫情形，敬請系所實習輔導老師了解後，提送實習委員會作為決議媒合分發或因應疫情而重新評估之參酌資料。

**Since the pandemic trend is hard to predict, this assessment serves to enhance understanding of the enterprises’ pandemic prevention measures, rather than to guarantee no infection during the internship period. Departmental internship supervisors are required to understand the situation and submit the information to the internship committee as reference for making decisions about internship placement or reassessment due to the pandemic.**

**🞏建議可實地實習Implementation of internship recommended。**

**🞏建議取消實習Cancelation of internship recommended。**

**其他補充說明Other supplementary notes：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿**

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| --- | --- |
| **實習輔導老師核章處****Signature of internship supervisor** | **系所章戳****Department’s Seal** |
|  | ＿＿年**Year**＿＿月**Month**＿＿日**Day**系級職場實習委員會審議通過**Approved by departmental workplace internship committee** |