

## Power of Attorney 授權書

As, I \_\_\_\_\_ am not able to receive SARS-CoV-2(COVID-19 virus) Inspection Report in your hospital in person, therefore I myself ( the “Principal”) designate \_\_\_\_\_ ( Relationship to the principal : \_\_\_\_\_ ) on behalf of me to receive SARS-CoV-2(COVID-19 virus) Inspection Report.

茲因本人\_\_\_\_\_無法親自到院領取SARS-CoV-2 ( COVID-19病毒 ) 檢驗報告，本人茲委託\_\_\_\_\_ (與本人關係: \_\_\_\_\_) 代表本人至新竹國泰綜合醫院領取SARS-CoV-2 ( COVID-19病毒 ) 檢驗報告。

I represent that above is true , if any misrepresentation , I as the principal will bear the legal responsibilities.

以上授權屬實,如有不實,立授權書人並願負一切法律責任。

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Name of Principal 立授權書人： \_\_\_\_\_ (Signature)

Passport Number : \_\_\_\_\_

Contact phone number : \_\_\_\_\_

Signed date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Name of Agent 被授權人： \_\_\_\_\_ (Signature 簽名)

Taiwan Identity Card Number 身分證號： \_\_\_\_\_

Contact phone number 電話： \_\_\_\_\_