（附件\_\_\_） HEALTH-62：**H\_CDC\_IDA2**

（**疾病管制署法定傳染病個案通報系統機敏資料庫**）需求欄位勾選表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **欄位序號** | **欄位名稱** | **Length** | **欄位中文說明** | **備註** | **資料欄位需求之緣由或目的** |
| □ | 1 | ID | 12 | 身分證字號 | 已加密 |  |
| □ | 2 | S | 1 | 性別 |  |  |
| □ | 3 | ID\_ROC | 1 | 身分證字號檢誤 |  |  |
| □ | 4 | RESIDENCE\_COUNTY | 6 | 患者居住縣市 |  |  |
| □ | 5 | RESIDENCE\_TOWN | 8 | 居住鄉鎮 |  |  |
| □ | 6 | RESIDENCE\_VILLAGE | 8 | 居住村里 |  |  |
| □ | 7 | BIRTHDAY | 10 | 出生日期 | YYYY/MM/DD |  |
| □ | 8 | SICK\_AGE\_BY\_YEAR | 3 | 發病年齡 |  |  |
| □ | 9 | SICK\_AGE\_BY\_MONTH | 2 | 發病月齡 |  |  |
| □ | 10 | GENDER | 4 | 性別 |  |  |
| □ | 11 | OCCUPATION\_DESC | 36 | 職業 |  |  |
| □ | 12 | SICK\_DATE | 10 | 發病日期 | YYYY/MM/DD |  |
| □ | 13 | DIAGNOSE\_DATE | 10 | 診斷日期 | YYYY/MM/DD |  |
| □ | 14 | REPORT\_DATE | 10 | 報告日期 | YYYY/MM/DD |  |
| □ | 15 | PHB\_RECEIVED\_DATE | 10 | 衛生局收到日期 | YYYY/MM/DD |  |
| □ | 16 | CDC\_RECEIVED\_DATE | 10 | 疾病管制署收到日期 | YYYY/MM/DD |  |
| □ | 17 | REPORT\_COUNTY | 6 | 通報縣市 |  |  |
| □ | 18 | REPORT\_TOWN | 6 | 通報鄉鎮 |  |  |
| □ | 19 | DISEASE\_NAME | 30 | 通報疾病 |  |  |
| □ | 20 | DETERMINED\_DISEASE | 30 | 確定病名 |  |  |
| □ | 21 | HOSPITALIZED\_DESC | 4 | 是否住院 |  |  |
| □ | 22 | IS\_SAMPLE | 2 | 是否採檢 |  |  |
| □ | 23 | IS\_DEATH | 2 | 是否死亡 |  |  |
| □ | 24 | DEATH\_DATE | 10 | 死亡日期 | YYYY/MM/DD |  |
| □ | 25 | DEATH\_REASON\_DESC | 10 | 死亡原因 |  |  |
| □ | 26 | IMMIGRATION | 2 | 是否境外移入 |  |  |
| □ | 27 | TOURISTY | 2 | 是否參加旅行團 |  |  |
| □ | 28 | INFECTED\_COUNTRY\_NAME | 20 | 感染國家 |  |  |
| □ | 29 | SYMPTOM\_DESC | 100 | 主要症狀 |  |  |