藥害救濟申請辦法第二條附表修正表

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| (附表) 衛生福利部藥害救濟申請書  申請日期 年 月 日   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 申 | 姓名 |  | 性別 |  | 身分證字號 |  | | 請 | 聯絡地址 |  | | | | | | 人 | 聯絡電話 | 日： | 夜： | | 與受害人之關係： | | | 受 | 姓名 |  | 性別 |  | 身分證字號 |  | | 害 | 出生日期 | 民國 年 月 日 ( 歲) | | | | | | 人 | 聯絡地址 |  | | | | | | 聯絡電話 | 日： 夜： | | | | | | 受 | 1 因何種疾病就診：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 害 | 2 服用何種藥物：\_\_\_\_\_\_\_\_\_\_\_(若無法得知，請把剩要留下以備參考) | | | | | | | 事 | 3 受害嚴重程度：□死亡 □殘障 □住院 □延長住院日數 | | | | | | | 實 | □其他 | | | | | | |  | 4 受害之經過 | | | | | | | 本人或受害人於民國\_\_\_年\_\_\_月\_\_\_日因\_\_\_\_\_\_\_\_至\_\_\_\_\_\_\_\_就診， | | | | | | | (時間) (症狀) (醫療院所名稱) | | | | | | | 醫師診斷為\_\_\_\_\_\_\_使用\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，使用日數\_\_\_\_日，於\_\_\_ | | | | | | | (病名) (藥物名稱) | | | | | | | 年\_\_\_月\_\_\_日產生藥物不良反應：\_\_\_\_\_\_\_\_\_，詢問\_\_\_\_\_\_\_\_\_之後 | | | | | | | (症狀) (醫院或醫師) | | | | | | | ，被建議做以下處理：\_\_\_\_\_\_\_\_\_\_\_\_，經處理後之狀況：\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_。 | | | | | | |  | | | | | | | 申請人簽章：\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 應 檢 附 之 資 料 | | | 自 行 審 核 | | 預審結果 | 審查紀錄 | | 1 藥害事件發生前之病史記錄 (請說明藥害事件發生前曾就診之醫療院所名稱，可向原醫療院所申請病歷記錄含藥品處方) | | | □有  □無，原因\_\_\_\_ | |  |  | | 2 藥害事件發生後之就醫過程及記錄 (可向醫院申請病歷摘要) | | | □有  □無，原因\_\_\_\_ | |  |  | |  | | |  | |  |  | | 3 藥害事件發生後之醫療機構診斷證明書 | | | □有  □無，原因\_\_\_\_ | |  |  | | 4 受害人藥害事件發生前健康狀況資料 | | | □有  □無，原因\_\_\_\_ | |  |  | |  | | |  | |  |  | | 5 申請人與受害人關係證明 | | | □身分證影本 | |  |  | |  | | | □戶口名簿影本 | |  |  | | 6 受害人因藥害事實申請嚴重疾病給付之醫療機構必要醫療費用收據影本 | | | □有 | |  |  | | 7 受害人因藥害事實申請障礙給付之身心障礙手冊證明影本 | | | □有 | |  |  | | 8 受害人因藥害事實申請死亡給付之死亡診斷證明影本 | | | □有 | |  |  | |  | | |  | |  |  | |  |  |  |  |  | 限受理單位填寫 | |   申請藥害救濟應注意事項  第一條 藥害救濟之請求權人如下：  一 死亡給付：受害人之法定繼承人。  二 障礙給付或嚴重疾病給付：受害人本人或其法 定代理人。  第二條 藥害救濟之申請，請求權人應自知有藥害時起，三年內為之。  第三條 有下列各款情事之一者，不得申請藥害救濟：  一 有事實足以認定藥害之產生應由藥害受害人、藥物製造業者  或輸入業者、醫師或其他之人負其責任。  二 本法施行前已發現之藥害。  三 因接受預防接種而受害，而得依其他法令獲得救濟。  四 同一原因事實已獲賠償或補償，但不含人身保險給付在內。  五 藥物不良反應未達死亡、身體障礙或嚴重疾病之程序。  六 因急救使用超量藥物致生損害。  七 因使用試驗用藥物而受害。  八 未依藥物許可證所載之適應症或效能而為藥物之使用。  九 常見且可預期之藥物不良反應。  一○ 其他經主管機關公告之情形。  第四條 藥害救濟申請人檢附之資料不合程式者，主管機關或其所委託之機關 (構) 、團體得通知補正。藥害救濟申請人應於接獲通知後三十日內補正，逾期不補正者，不予受理。前項補正如有正當理由，藥害救濟申請人得於三十日補正期間屆滿前，申請延期一次。但延長期間不得逾三十日。  第五條 藥害救濟請求權人對救濟給付之審定如有不服，須於處分到達次日起三十日內，提起訴願。  第六條 藥害救濟審議結果僅作為判定救濟與否之依據，其是否成立其他民、刑事責任，應以司法機關裁判為準。  第七條 已領取藥害救濟給付而基於同一原因事實取得其他賠償或補償者，於取得賠償或補償之範圍內，應返還其領取之藥害救濟給付。但自人身保險所取得之給付不在此限。  以上規定，本人均已知悉，並願意遵守，此致  衛生福利部  申請人簽章\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |