1. Personal information

Title		First Name		
		Middle Name		
		Last Name		
Date o	f Birth		Nationality	
Passpo	rt No.			

2. Contact details

Email a	ddress						
	Contact details outside Thailand						
Address of habitual							
residence outside							
Thailar	nd						
Mobile	phone	number					
outside	e Thaila	Ind					
	Contact details in Thailand						
Addres	s of res	sidence					
in Thai	land						
Mobile	phone	number					
in Thai	land						
			Deta	ils of co	ntact person	(1)	
		(e.g. far	nily member	s, relativ	ves, close frie	nds, or colleagues)	
Title	First		t Name				
		Mi	dle Name				
		La	t Name				
Date of	f Birth				Nationality		
Passport No.							
Address of residence							
Mobile phone number							
Details of contact person (2)						(2)	
		(e.g. far	nily member	s, relativ	ves, close frie	nds, or colleagues)	
Title		Fir	t Name				
			dle Name				
			t Name				
Date of Birth				Nationality			
Passport No.							
Address of residence							
Mobile phone number							
Email address							

3. Travel details

Countries / Cities / Areas visited during the past 14 days (Please specify cities and areas in conjunction with the countries in which they are located e.g. "Milan, Italy")				
	Т	Fravel to ⁻	Thailand	
Originating point of departure				
(Please specify city and	d country)			
Point of transit <i>(if any)</i>				
(Please specify city and country)				
(Intended)			(Intended)	
Date of departure			Date of arrival	
(Intended)			(Intended)	
Time of departure			Time of arrival	
Flight Number(s),				
(Please specify if travelling by air;				
for travel with multiple				
please specify all flight				

4. Health details (Please write "Yes" or "No"; "Yes" reflects as true the indicated statement)

I am in good health.		I have <u>none</u> of the following			
		conditions:			
		(a) cough;			
		(b) runny nose;			
My body temperature		(c) sore throat;			
is below 37.5°C.		(d) breathing difficulty.			
During the past 14 day					
transmission and crow					
I acknowledge and acc					
inter alia, my present					
Fit to Travel health ce					
laboratory result indic					
no more than 72 hour					
covers healthcare and treatment expenses, including those in respect					
of COVID-19, throughout the duration of my stay in Thailand with a					
minimum coverage amount of 100,000 USD, or other documentary					
evidence demonstrati					
documentary evidenc					
Quarantine for a peric					

5. Compliance with disease prevention measures prescribed by the Government (Please write "Yes" or "No"; "Yes" reflects as true the indicated statement)

I acknowledge and accept that, upon my entry into Thailand:	
(a) I shall be subject to entry screening procedures for the purpose of	
COVID-19 detection;	
(b) I shall download and use application(s) and/or be subject to the use	
of tracking systems as designated by the Thai authorities, for the	
purpose of observation and monitoring in respect of COVID-19; and	
(c) At my own expense, I shall be subject to state quarantine for a period	
of at least 14 consecutive days at the Quarantine Site referred to in	
Section 4, and be subject to RT-PCR test(s) as required.	
I declare and accept that, while in Thailand, I shall comply with the disease	
prevention measures prescribed by the Government of Thailand under	
relevant Regulations issued under Section 9 of the Emergency Decree on	
Public Administration in Emergency Situations B.E. 2548 (2005), which may	
include, but are not limited to, the following:	
(a) cleaning by wiping surfaces of relevant places before organization	
of activities and disposal of waste on a daily basis;	
(b) wearing surgical masks or cloth masks;	
(c) washing hands with soap, alcohol, gel, or disinfectant;	
(d) keeping a distance of at least 1 meter apart while sitting or standing	
to prevent physical contact or the spread of disease through saliva	
droplets;	
(e) limiting the number of participants in activities to prevent	
overcrowding or reducing the time spent on activities as necessary	
on the basis of avoidance of physical contact; and	
(f) complying with additional measures introduced in accordance with	
relevant Thai laws and regulations concerning communicable diseases.	

I certify that all the information declared above is true to my knowledge and give consent to the Ministry of Foreign Affairs of Thailand to collect my personal information in order to coordinate with the concerned agencies for the purpose of screening and facilitating my travel to Thailand.

I declare that I have understood all that is stated above and shall strictly abide by them. I also declare and accept that I shall comply with the provisions under relevant *Regulations issued under Section 9 of the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005)* and any other disease prevention measures prescribed by the Government of Thailand, acknowledging that failure of such compliance may lead to consequences under the laws and regulations of Thailand.

(Signature)	
()
Date	