# Request Form for the Certification of Quarantine Reservation

## Ramadhibodi Chakri Naruebodindra Hospital, Chakri Naruebodindra Medical Institute

| Personal Information | | |
|---|---|---|
| Name: | Surname: | |
| ID/Passport Number: | | Weight:<br>Height: |
| Status:<br>☐ Student<br>☐ Staff | Faculty/College/Institute:<br>Student ID (if any): | |
| Dietary requirements / allergy (if any): | | |
| Underlying Disease: | | |
| Local address/post-quarantine accommodation: | | |
| Email address: | | |
| Local phone number (if any): | | |
| Local contact person (if any): | Phone number: | |

| Flight Information | |
|---|---|
| Flight number: | Date of arrival:<br>Time: |
| Departure from: | |

*Transportation between the airport, the hospital, and post-quarantine accommodation is provided.
**Payment for the 14-day quarantine, including 3 meals/day/ 2-times COVID-19 test fees and transportation, must be made at the hospital on the date of discharge.

| Accompanying Family Members (if any) | | |
|---|---|---|
| Name: | Surname: | |
| ID/Passport Number: | | Weight:<br>Height: |
| Dietary requirements / allergy (if any): | | |
| Name: | Surname: | |
| ID/Passport Number: | | Weight:<br>Height: |
| Dietary requirements / allergy (if any): | | |
| Name: | Surname: | |
| ID/Passport Number: | | Weight:<br>Height: |
| Dietary requirements / allergy (if any): | | |

*In the case of being quarantined with family, the hospital will prepare a large bedroom.

| Emergency Contact | |
|---|---|
| Name: | Surname: |
| Relationship to you: | |
| Email address: | |
| Phone number: | |

By requesting for the Certification of Quarantine Reservation, I hereby declare that all the stated information is true.

***Officer only***

Duration: Check in ...........................................

Check out .......................................

Room Type: ......................................................

Approval ..........................................................

Signature.......................................................................

( ...................................................................... )

Date.......................................................................

***Please complete the form using word processor, except for the signature*** as of 18/1/2021