



**10 Days with 2 Tests (have not been vaccinated or have not been fully vaccinated)**

**Letter of Confirmation for Organizational Quarantine at  
Ramadhibodi Chakri Naruebodindra Hospital, Chakri Naruebodindra Medical Institute (effective from 1st October 2021)**

Personal Information	
Name:	Surname:
ID/Passport Number:	Weight:
	Height:
Status: <input type="checkbox"/> Student <input type="checkbox"/> Staff	Faculty/College/Institute/School: 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:
	Time:
Departure from:	

\*Transportation between the airport, the hospital, and post-quarantine accommodation is provided.

\*\*Payment for the 10-day quarantine, including 3 meals/day/ 2-time COVID-19 test fees and transportation, must be made at the hospital on the date of discharge.

\*\*\*We accept payment by cash in **Thai baht only** or credit card.

Accompanying Family Members (if any)	
Name:	Surname:
ID/Passport Number:	Weight:
	Height:
Dietary requirements / allergy (if any):	
Name:	Surname:
ID/Passport Number:	Weight:
	Height:
Dietary requirements / allergy (if any):	
Name:	Surname:
ID/Passport Number:	Weight:
	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 .....

Director/Deputy Director

Ramadhibodi Chakri Naruebodindra Hospital

Signature.....

( ..... )

Date.....

**\*Please complete the form using word processor, except for the signature\***