7 Days with 2 Tests (fully vaccinated over 14 days before travelling)

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: ☐ Student ☐ 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 7-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

As of 10/10/2021