

ถนนติวานนท์ จังหวัดนนทบุรี ๑๑๐๐๐

(Translation)

Written at..............................................................

Date............Month..........................Year..................

This letter is to certify that (Name – Surname) .................................................  
...................................................................…………………………………………………………………………………………………....  
Identification No. / Passport No. …………………………………………………………………………………………..………….…  
age............years, Nationality............................... Address: House No. ........................Village No. ...............  
Lane............................................. Road..................................... Sub-area / Sub-district.....................................  
Area / District…............................................................. Province..........................................................................

Which is ordered by the communicable disease control officer to be 🞎 Isolated quarantine   
🞎 Quarantine 🞎 Controlled for health observation at …………………..………………………………………………  
……..............................................................................................................................................................................  
since day .......... month ......................... year .............. , until day ....... month ........................... year ...............  
total duration…………….................. days. Now, quarantine or observation period has completed according to the time specified by the communicable disease control officer. The person is able to continue his or her career, participate in activities or perform normal tasks.

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| --- |
| Signed ................................................................….. |
| (.......................................................................) |
| Position ................................................................. |
| Signed ................................................................….. |
| (.......................................................................) |
| Position ................................................................. |
| Signed ................................................................….. |
| (.......................................................................) |
| Position ................................................................. |

**Please note:** 1. This letter is provided for identification purpose to the employer / relevant parties that the said person has complied with the order of the communicable disease control officer by stayed at the specified place until the end of the quarantine period only.

2. This letter cannot be used to confirm that the said person is not COVID-19 infected or has no risk of infection or used for any other purpose after the person completed his or her quarantine or health observation period under the orders of the communicable disease control official.