

ตัวอย่างหนังสือรับรอง
เพื่อแสดงตัวต่อนายจ้าง/
ผู้ที่เกี่ยวข้อง

ฉบับภาษาอังกฤษ

(Translation)

 ถนนติวานนท์ จังหวัดนนทบุรี ๑๑๐๐๐

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..........................................................................

is ordered by the communicable disease control officer to be 🞎 isolated 🞎 quarantined
🞎 controlled for health observation at …………………..………………………………………………..………………………
……..............................................................................................................................................................................
since day .......... month ......................... year .............. , until day ....... month ........................... year ...............
total duration……………........... days. Now, the quarantine or observation period has been completed according to the time specified by the communicable disease control officer. Therefore, the said 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 staying 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 said person completed his or her quarantine or observation period under the orders of the communicable disease control officer.