(Translation)



ตัวอย่างหนังสือรับรอง
เพื่อแสดงตัวต่อนายจ้าง/
ผู้ที่เกี่ยวข้อง
ฉบับภาษาอังกฤษ

	Written at			
		DateMon	ıthYe	ar
	This letter is to certify that (			
dentification	No. / Passport No			
Nationality	tionality Address: House No		Village No	
Lane	Road	Sub-area/S	Sub-district	
Area / District		Province		
	the communicable diseased for health observation at			
since day	month year	, until day mor	nthy	/ear
total duration	days. Now, the	quarantine or observation	on period has been	completed
according to t	the time specified by the com	nmunicable disease conf	trol officer. Therefo	ore, the said
person is able	e to continue his or her caree	r, participate in activities	s or perform norma	al tasks.
		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.