

ตัวอย่างหนังสือรับรอง
กรณีผู้เดินทางถูกกักกัน
ครบกำหนดระยะเวลา
ณ สถานที่ที่รัฐกำหนด

(State Quarantine)

(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 quarantined at ………………………………………

…………………………………………………………………….…………………..………………………………………………..……………………from Date .......... month ......................... B.E. .............. , until Date ....... month ........................... B.E. ...............
total duration……………........... days. Now, the quarantine or observation period has been completed according to the time specified by the communicable disease control officer. And such person had medical examination with a laboratory result indicating that COVID-19 is not detected …………….. times as follows:

The ………….. time Date ……....… Month …………………….………………… B.E. …….……….….

The ………….. time Date ……....… Month …………………….………………… B.E. …….……….….

|  |
| --- |
| Signed .................................................................….. |
| (.......................................................................) |
| Position .................................................................. |
|  Communicable disease control officer |

**Please note:** 1. This letter is provided for identification purpose 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.