

Order

communicable disease control officer stationed at the international communicable disease control checkpoints

**No……./……..**

**Title: To require travellers from dangerous communicable disease Infected zones of COVID-19 to be isolated, quarantined or controlled for observation**

I………………………………………………………………….…….Position: communicable disease control officer stationed at the international communicable disease control checkpoints at Quarantine Office …………………………………………………. The Office of Disease Prevention and Control 6 Chonburi found traveller

Name of traveller ………………………………….……………………………..…………………….Age………. Sex □ male □ female

Nationality…………………..….…….………………Identification No. / Passport No. ……………………………………………..……………………

Address: No……….……... Village No. ……......Road........................................Subdistrict...............................................................

District….......................................Province...................................Country………….…………….Telephone No.…..……….……………

Kind of conveyance □ aircraft □ cruise ship □ cargo ships □ Others (specify)………………….……………..
Nationality of Conveyance ………………………………….………Registration No……………………….……………………………….……………..

Departure from country……………………………………..…………………………………………………is disease Infected zones according to Notification of the Ministry of Public Health Re: Territories outside the Kingdom of Thailand defined as Disease Infected Zones of the Coronavirus Disease 2019 (COVID-19) B.E. 2563

By virtue of the section 40 of the Communicable Diseases Act, B.E. 2558 (2015), a communicable disease control officer stationed at the international communicable disease control checkpoint therefore ordered as follows

1. To conduct a disinfection as follows…………………………………..…….……………………………………………………………..….
2. To arrange the conveyance to park At…………………………..……………………………………………………………………………..

Road........................................................................ Subdistrict........................................................................................................

District….....................................................................................Province.........................................................................................

From Date………Month……………….Year……..…..Time……………To Date………Month……..………….Year……….Time………………

1. To require travellers receive a medical examination within Date…Month…………….Year………..Time………….

At……………………………………….…………………..…….. Road........................................... Subdistrict……………………............................

District…........................................................................Province......................................................................................................

1. To require travellers in such conveyance □ isolated □ quarantined □ controlled for observation

□ Receive immunization At………………………………….…………..………………………No.………..….Road............................................

Subdistrict.....................................................................District….....................................................Province.................................From Date……Month…………….Year………..Time……………….To Date ….…Month…………….Year………..Time…….....…………….

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1. To prohibit any person □ entering isolated places □ exiting isolated places (unless permission from the communicable disease control officer has been obtained)
2. To prohibit any person from taking

□ objects (specify) ………………………………………………………………………………………………………………………

□ physical items (specify) …………………………………………………………………………………………………………

□ appliances (specify)…………………………………………………………………………………………………………………

□ Others (specify)……………………………………………………………………………………………………………………….

□ entering the conveyance □ leaving the conveyance (unless permission from the communicable disease control officer has been obtained)

Furthermore, in urgent situations such as, any delays in implementing measures could cause huge damage or effect the public benefits, no person therefore has the right to dispute.

Sign..................................................................

(…………………………………..……………………………….)

Order receiver

Sign..................................................................

(…………………………………..……………………………….)

Witness

Sign..................................................................

(…………………………………..……………………………….)

communicable disease control officer

stationed at the international communicable disease control checkpoints

Ordered on Date…………Month……………Year………..

Quarantine Office [U-Tapao International Airport](http://odpc6.ddc.moph.go.th/)