



**Confirmation Letter
Ministry of Public Health
Golf Quarantine**

Customer's Name: _____ **Passport No.:** _____

Nationality: _____ **Departure Country** _____

Sex: Male Female _____

Please Check: **Name of Land Checkpoint:** _____

Name of Airline _____ **Flight No.:** _____

Date of Arrival: _____

Date of Check in: _____ **Date of Check out:** _____

Accommodation in Thailand: _____

This is to certify that the above customer has been accepted for quarantine, and golf programs under my attendance during the period described below.

Planned of program: _____

The program period: _____

Name of Golf Course: _____

Address: _____

Telephone: _____ Fax: _____

Estimated expenses: _____

Duration of Quarantine: 7 Days, (identify Vaccine's Name _____)

10 Days

14 Days

(Signature).....(Authorized Representative)

Name.....and Position.....

Date (...../...../.....)

(Golf Course Seal)

| | |
|--|--|
| International Health Division | |
| No. 0712.08 / / Year..20..... | |
| Date..... | |
| Time..... | |
| Signature)..... | |
| (Authorized of International Health Division, Department of Health Service Support) | |

- Note:** (1) This letter shall be valid for 15 days after the issuance.
(2) The customer(s) and their entourage (s) have to quarantine in accordance with the resolution of the Center for COVID-19 Situation Administration.
(3) The customer who request for Golf Quarantine program must pay all actual expense for themselves and their entourage (s) unless the customer is unable to pay for any reasons, the golf course where the customer and the entourage (s) receive the program, shall accept to have a responsibility for all expenses occurred without a claim from the government agencies.