



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

**Customer's Name:** \_\_\_\_\_ **Passport No.:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Sex:**  Male  Female \_\_\_\_\_

**Departure country:** \_\_\_\_\_

**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:** \_\_\_\_\_

*The customer(s) and their entourage(s) have to quarantine in the golf course not less than 14 days.*

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

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

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

*(Golf Course Seal)*

<b>International Health Division</b>
No. 0712.06 / ..... / Year...20.....
Date.....
Time.....
(Signature).....
<b>(Authorized of International Health Division, Department of Health Service Support)</b>

**Note:** 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.