CM.3

**Self-Evaluation/Self-Assessment Form**

**For Returning Travelers from Maximum Controlled Areas with Strict Measures and Maesot District, Tak Province**

Name Surname…………………………Age Yrs …….Address………………………………..…………......……Tel No. ……………………….

Travelled from Province……………………………………… To Chiang Mai Province on Day……….Month……………..Year……………….

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Day/Month/Year | Symptoms | | | | | | | | Travel During Observation Control | |
| Fever | Cough | Sore Throat | Runny Nose | Red Eyes | Red  Skin | Hard to  Breath | Other | Left Home to go to | Signature Local Health Worker |
| 1. |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |  |

I declare this is all true

Signature……………………………..

( )

Remark: Traveler is person recording and certifying details