Approval Letter To Depart Residence

CM.4

In the case of Control for Observation

Day……….Month …………………Year…………

Name Person seeking Approval ……………..……………………… ID Card No.……………..……..…..…

Age……….Year House No…….…Village……..….Road……….………Sub-District…………………..………

District………………………..………..Province……………………….…….. Tel. No…………………………….

Have an important reason to travel to (state travel destinations in detail)

……………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………….

Starting date/time…………….…………..Until date/time…………………………

Signature…………………………………..Person requesting approval

 ( )

**I will follow personal disease prevention measures such as wearing protective face masks, washing hands with alcohol gel or soap, physical distancing from other persons, measuring temperature, registration in application “Thai Chana”, avoid crowded and confined places.**

 Approved

 Not Approved

Issued Day……….Month …………………Year…………

Signature…………………………………..Approving Person

 ( )

Communicable Disease Prevention Officer/Person delegated by aforesaid Officer

Warning: Persons providing false information or declarations will be punishable by law