Notice

Thailand, the Communicable Disease Act (B.E.2523)
For the prevention of communicable disease of international concern and in pursuance to the Communicable disease Act (B.E. 2523), the Department of Disease Control (DDC), Ministry of Public Health, Thailand requests all individuals who have traveled/visited to GUINEA, SIERRA LEONE, LIBERIA, and NIGERIA, within 21 days before arrival to Thailand, to declare the health status, allow public health officers to collect contact information, check body temperature and screen for communicable diseases before immigration.

What to report to public health authority or quarantine officer at Point of Entry?

☐ REQUIRED REPORTING
It’s always important to take care of good health while traveling. DDC requires all international travelers/visitors to inform their physician or public health authority if they have any symptom that may indicate a serious COMMUNICABLE DISEASE (e.g. fever of any duration, plus any one of the following: persistent cough, persistent vomiting, difficulty breathing, headache with stiff neck, reduced level of consciousness, or unexplained bleeding). For more information please contact Hotline 1422 (Department of Disease Control) or website www.ddc.moph.go.th

☐ REQUESTED REPORTING
As stated in this Act, all travelers from the affected countries are requested to report at HEALTH CONTROL counter BEFORE passing immigration; otherwise you may BE REFUSED ENTRY into Thailand. The public health authorities on duty have legal RIGHT TO ASK question concerning health, TO COLLECT address information, and TO PROVIDE a non-invasive medical examination that would achieve the public health objective. Whoever commits an offense under this regulation shall be fined not more than TEN THOUSAND Baht, imprisoned for not more than SIX MONTHS, or BOTH.

Department of Disease Control
Ministry of Public Health, Thailand

Hotline 1422
www.ddc.moph.go.th
As you have been in the Ebola-affected area within past three weeks, to assure you and your companions are protected from the disease, you will be daily contacted by public health personnel via phone for monitoring your health.

If you develop any of the following symptoms: fever, fatigue, muscle pain, severe headache, diarrhea, or vomiting, you must

- CALL. 1422 HOTLINE Department of Disease Control Immediately
- Visit a hospital and inform your travel history to the physician
Vous étiez dans les régions où circule le virus Ebola durant les trois dernières semaines, vous serez contacté (e) tous les jours par des autorités sanitaires par téléphone pour faire le point sur votre état de santé. Ceci afin de s’assurer que vous et vos accompagnants soyez protégés par la maladie.

Si vous avez développé une des symptômes parmi les suivants - les fièvres, les fatigues, les douleurs musculaires, les maux de tête graves, les diarrhées et les vomissements- vous devrez :

- immédiatement contacter 1422 HOTLINE, Département de Contrôle des Maladies
- se rendre à l’hôpital et informer le médecin de votre histoire de voyage.
In compliance with the Communicable Disease Act (B.E. 2523), The Kingdom of Thailand requires all passengers from the following EBOLA affected areas; GUINEA, SIERRA LEONE, LIBERIA, and LAGOS City in NIGERIA who arrive in Thailand within three weeks (21 days) of departure from the above mentioned areas, to report themselves at HEALTH CONTROL counter for health procedures BEFORE passing IMMIGRATION counter. This process is established for the benefit of public health and safety of the travelers. Travelers who do not comply with this requirement are subject to penalty and will be denied entry.

DDC, MOPH, Thailand
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<th>สัญชาติ</th>
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<tr>
<td>Name of Ship</td>
<td>Nationality</td>
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มาจากรายล่าสุดท้าย (Last Port) ประเทศ (Country)

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<th>วันที่</th>
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จะเข้ามาถึงท่า เวลาที่คาดว่าจะเข้ามา 

Arriving at  Expected time of arrival

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<th>วันที่</th>
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คนประจุพาหนะรวม  คน คนโดยสารรวม  คน

Number of crew  Person(s)  Number of passengers  Person(s)

สภาพสุขลักษณะ (Health Condition)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ลายมือชื่อ
Signature

ผู้ควบคุมยานพาหนะ
Master of Conveyance