



Summary Form of Alternative Hospital Quarantine's Patients and Followers

DHSS/AHQ 3

Name of Hospital

Date.....

No	Full Name	Nationality	Passport No.	Please Check /		Magnet Name	Departure Date	Arrival Date	Name of Land checkpoint	Airport (In Case of Charter Flight)	Departure Country	Note (In case of receiving COE, please specify)
				Patient	Follower							

Magnet List

- Magnet 1 Cardiac/Stoke/Vascular
- Magnet 2 Cancer
- Magnet 3 Eye/ENT
- Magnet 5 Muscle/Orthopedic/Skeletal
- Magnet 7 IVF
- Magnet 7.1 Ob_Gyn
- Magnet 9 Sex Reassignment
- Magnet 9.1 Plastic Surgery/ Beauty Skeletal
- Magnet 10 Retreat/Anti Aging
- Magnet 10.1 PT
- Magnet 8 Dental
- Magnet 6 NCD/Med/Surg/Ped/ Nephro/ Reproductive organ

Document as the Center for COVID-19 Situation Administration (CCSA) defined as follower,

1. Fit to Fly Health Certificate/Fit to Travel Health Certificate
2. Confirmation Letter and Copy of Passport
3. Affidavit of Support and Copy of Passport (Only for followers)
4. Bookbank or Statement of Patients for Medical Expense in Thailand
5. Insurance covered COVID-19 treatment not less than 100,000 USD
6. Quarantine Official Letter in Hospital

(Signature)

**(Authorized of International Health Division,
Department of Health Service Support)**