

QUESTIONNAIRE

Please fill in the following blanks correctly, in block letters

请以英文正楷填写此表格

Kind of conveyance	<input type="checkbox"/> aircraft flight no.....	<input type="checkbox"/> ship name of ship.....		
交通工具类型	飞机 航班号	船舶 船舶名		
<input type="checkbox"/> Other (specify).....	<input type="checkbox"/> train no.	<input type="checkbox"/> car/bus license no.		
其他, 请说明	火车 列车号	汽车/汽车牌号		
From.....	To.....	seat no.		
从	至	座位号		
Date.....	month.....	year.....		
日	月	年		
Name in full		Nationality.....		
姓名		国籍		
Age.....years	occupation	<input type="checkbox"/> civil servant	<input type="checkbox"/> business man	<input type="checkbox"/> employee
年龄	职业	公务员	商人	企业员工
Sex <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> housekeeper	<input type="checkbox"/> other (specify)	
性别 男	女	保姆	其他, 请说明	

Address in Thailand

在泰国期间的地址.....

Please list the name of countries where you stayed within two weeks before arrival.

请列出 两周内您来到泰国之前停留过的国家

Please mark ✓ if you have had any of the following symptoms within two weeks before arrival.

到泰国前两周, 您有以下的那些症状?

<input type="checkbox"/> diarrhea	<input type="checkbox"/> vomiting	<input type="checkbox"/> abdominal pain	<input type="checkbox"/> fever
腹泻	呕吐	腹痛	发烧
<input type="checkbox"/> rash	<input type="checkbox"/> headache, sore throat	<input type="checkbox"/> jaundice	<input type="checkbox"/> cough or shortness of breath
疹子	头痛或咽喉炎 黄疸	咳嗽或呼吸困难	
<input type="checkbox"/> enlarged lymph glands or tender lumps	<input type="checkbox"/> other (specify)		
淋巴腺肿胀或疼痛	其他, 请说明		

Signature (passenger)
旅客签名

Quarantine Officer 检疫工作人员签名

The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been to communicable diseases. The information is intended to be held by the public health authorities in accordance with The Communicable Diseases Act (2015) and the International Health Regulation (2005) and to be used only for public health purpose.