?????

OUESTIONNAIRE Please fill in the following blanks correctly, in block letters ????????? D1 ????????? ????????? flight1 D2 ???? ??????? ship1 kind of conveyance aircraft flight No. flight1 ship name of ship D3 ???? ???????? train1 D4 ?????? ????????????? car1 train No. train1 car/bus license plate NO. car1 D5 ????? (????) others1 other (specify) ??? departure1 ??? arrival1 ?????????? seat1 from to seat No. seat1 ?????? date1 ????-??????? name1 ??????? nationality1 name in full name1 nationality nationality1 ???? age1 ?? ??? D6 ??? D7 ???? ????? D7 ???????? D8 ???????? D9 ??????? age age1 years sex D6 male D7 female occupation civil servant businessman employee ??????????????? passport1 E1 ??????? E2 ????? (????) others1 passport No. passport1 housekeeper other (specify) ????????????? accom1 address in Thailand Please list name of the countries where you stayed within two weeks before arrival. List1 Please mark? if you have had any of the following symptoms within two weeks before arrival. F1 ?????????? (????????) F2 ??????? F3 ??????? F4 ??? diarrhea vomiting abdominal pain fever F5 ??????????? F6 ???????? F7 ????? F8 ??????????? rash headache, sore throat jaundice cough or shortness of breath enlarged lymph glands or tender lumps other (specify) ????????? (????????) passenger1

officer1 ?????????????????????????????? Port Health Officer

signature (passenger)