

OFFICIAL DOCUMENT

ORDER FOR DISEASE PREVENTION AND CONTROL

UNDER NOTIFICATION OF THE MINISTRY OF PUBLIC HEALTH PRESCRIBING CRITERIA, PROCEDURES AND CONDITIONS OR REGULATION OF COMMUNICABLE DISEASE CONTROL OFFICERS B.E. 2560 (2017)

Document No.

Address.....

Date.....

In regarding to Communicable Diseases Act B.E. 2558 (2015) specified in section 34 and notification of the Ministry of Public Health prescribing criteria, procedures and conditions or regulation of communicable disease control officers B.E. 2560 (2017). I (Mr./Mrs./Miss).....in the position of communicable disease control officer in affiliation/department..... would like to report a dangerous communicable disease an outbreak a suspected dangerous communicable disease a suspected outbreak which is at.....

Thus, (Name – Surname)..... Ageyear Nationality Gender Male Female Identify card No./ Passport No. Tel. Address..... Building.....Road.....Subdistrict District Province will be ordered to

Cooperate the following requirements:

(1) get medical examination get a treatment get a diagnostic testing get an Immunization within Date..... Time at Hospital.....

(2) Travel to for isolation quarantine observation From (Date)..... (Time)..... To (Date)..... (Time).....

(3) Take (Name – Surname)..... Ageyears Nationality..... Gender Male Female Identify card No./ Passport No. Address..... Building.....Road..... Subdistrict District Province Tel.

To be isolated be quarantined be observed get medical examination get a treatment get a diagnostic testing get an Immunization from (Date)..... (Time)..... To (Date).....(Time)..... at (place).....

(4) Bring animal(s) please specify a type of animal..... Number of animals To get medical examination get a treatment get a diagnostic testing get an Immunization from

(Date)..... (Time)..... To (Date).....(Time)..... at
(place).....

(5) deliver a body of (Mr./Mrs./Miss).....or a body of animal please specify a type of
animal.....which died from suspected or confirmed disease which is (please specify the disease)
..... to get diagnosis medical management other management; please
specify..... within Date..... Time at
Hospital.....

(6) Disinfect/destroy.....which is suspected to be
infected by.....

Improve sanitation by.....
.....within Date..... Time
..... Until the communicable disease control officer issues the cancellation

(7) eliminate animal/insects/larvae of insects type which is a vector of the disease
..... within Date..... Time at

(8) prohibit to do/have
from (Date)..... (Time)..... To (Date).....(Time).....
as it may cause unhygienic conditions causing infectious disease

(9) prohibit to enter/exit
from (Date)..... (Time)..... To (Date).....(Time).....

(10) house at (house/dormitory/place)
Address..... Building.....Road..... Subdistrict
..... District Province
from (Date)..... (Time)..... To (Date).....(Time).....
in order to surveil/prevent/control of disease.....

(11) enter the vehicle (please specify the type of vehicle) Brand
Series..... Color..... Registration No./Vehicle No.
from (Date)..... (Time)..... To (Date).....(Time).....
in order to surveil/prevent/control of disease.....

In addition, the communicable disease control officers have the authority or give the authority to other
person to take the action. If you are unsatisfied or feeling unfair about this order, you have a right to make a
reconsideration request to the communicable disease control officers within 15 days.

Signature.....
(.....)
Communicable disease control officers

Signature.....
(.....)
Subject person

Signature.....
(.....)
Witness (if any)

Signature.....
(.....)
Witness (if any)

Notice: In case of the communicable disease control officer(s) considers that there is the word(s) or phase(s) that effect beyond the purpose of this order. The officer(s) is allowed to cross out the word(s) or phase(s) and initial the change.

