격리 동의서 CONSENT TO QUARANTINE

- < 아래사항에 동의 거부 시 입국 불허나 강제퇴거조치 함. (입국심사에서 격리 면제자로 결정되는 경우에는 해당 <u>없음.</u>) >
- < Refusal to accept the following terms may result in entry denial or deportation. (If you receive an exemption from quarantine upon entry, please disregard this notification.) >

본인은 감염병예방법 제42조 및 검역법 제16조 등에 따라 입국 후 14일간 격리조치(①자가 격리 또는 ②대한민국 정부가 별도 지정하는 시설에 격리)를 받음에 동의하며, ②의 경우 이로 인한 식비, 숙박비, 교통비 등 제반비용을 충당하기 위해 부과되는 비용(1인당 140만원)을 입국 시 전액 납부하는 것에 동의합니다.

In accordance with the relevant laws, such as Article 42 of the Infectious Disease Control and Prevention Act and Article 16 of the Quarantine Act, I hereby agree to be quarantined for 14 days (① in a place of self-isolation or ② a facility designated by the Government of the Republic of Korea after entering the Republic of Korea. In case of ②, I agree to pay all expenses related to the quarantine, such as food, accommodations, and transportation costs (1.4 million KRW per person), upon my entry.

	□ 동의함 /agree	□ 동의하지 않음	} /disagree
Date	2020 년 (year)	월(month)	일 (day)
		(서명 또는 인) (s	signature or seal)

- 신종 코로나바이러스 감임	념증 (Novel Coronavirus) -
	화인서
(Health Condition	on Report Form)
	성별(Sex)
	[남(M) [여(女)
국적(Nationality)	생년월일(Date of Birth)
M 리 버 호 (Decembert Muse how)	(MM/DD/YYYY) 한국 입국 예정일(Expected Date of Entry)
여권번호(Passport Number)	면서 합지 예정을(Expected bate of Litty) (MM/DD/YYYY)
본국 내 주소(Address in Home Country)	본국 내 연락처(Phone Number in Home
	Country)
한국 내 주소(Address in Korea)	한국 내 연락처(Phone Number in Korea)
최근 30일 동안 체류한 <u>도시를</u> 모두 적으시오.	
Please list all cities you have stayed with	
1) 2) 3)	4) 5)
 최근 14일 이내에 후베이(湖北) 전역 또는 우현	한(武漢)에 방문 또는 체류한 사실이 있습니까?
Have you visited or stayed in Hubei or Wuhan,	
예(Yes)	아니오(No)
최근 14일 동안에 아래 증상이 있었거나 현재	있는 경우 해당란에 "√" 표시를 하십시오.
Please mark any of the following symptoms you o	currently have or have experienced in the last 14
days	1==1
발열(Fever) 모한(Chills) (Headache]두통 인후통 콧물 e) (Sore throat) (Runny nose)
기침(Cough) 호흡곤란 (Vomiting	기구토 복통 또는 설사 (Abdominal pain or 발진(Rash) Diarrhea)
[Jaundice]]황달 의식저하 (Bloody model) * 눈, 코	
(*Eyes, nose,	
위의 증상 중 해당하는 증상이 <u>있는</u> 경우에는 If you marked any of the above symptoms, pleas	아래 항목 중 해당란에 "√" 표시를 하십시오. e mark all of the following that apply.
<u>증상</u> 관련 약 복용 중	병원 치료・진료를 받음
(Medication taken for symptoms)	(Undergone diagnosis or medical care)
해당 증상이 없는 경우에는 우측 "증상 없음"	란에 "√" 표시를 하십시오. 증상 없음
(If none of the symptoms apply, please mark the "No	Symptoms" box.) (No Symptoms)
	하여 제출하는 경우 「출입국관리법」에 따라
사증발급 또는 입국이 거부되거나 체류가 제한	[필 구 있습니다. Bealth or failing to fill out the form may
	permission of stay in the ROK in accordance
with the Immigration Act of the Republic of	
	사실대로 작성하였음을 확인합니다.
I confirm that the information p	rovided above is true and correct. (MM/DD/YYYY)
Applicant	(Signature)
	관(총영사관) 귀하
	Republic of Korea in the Netherlands

- 자가격리면제 관련 진술서 -

(Supplementary Explanation Form)

- * Please write about 2-3 paragraphs.
- * Explain the detailed reasons why you have to apply for Isolation Exemption Certificate from our Embassy.

Date :

Applicant Name in Bold Letters : Signature(Match with your passport):

> Embassy of the Republic of Korea Verlengde Tolweg 8 2517JV The Hague, The Netherlands

Embassy (Consulate General) of the Republic of Korea in the Netherlands

	Isolation Exe	emption Certificate
		(filled by the Applicant)
	Name	Gender Male Female
	Nationality	Date of birth
	Passport No.	Mobile phone number
	Status of stay	(Contact information in Korea)
Applicant in	Address in Korea X Please provide a full addr	ess
formation	Affiliation (Company name)	Reference in Korea (Contact information)
	Last place of departure	Date of departure
	Flight No.	Time and date of arrival
	Period of visit	Expected date of departure from Korea
		(filled by the Embassy or Consulate)
Purpose of visit		
Submitted		Stamp, Official Contract with Both Parties, A Colored Copy of

Although the person above is subject to the Special Entry Procedure upon arrival in Korea and isolation for 14 days after the entry, the person applied for exemption from isolation for reasons as stated above. The officer in charge reviewed the request and hereby grants exemption to the applicant.

- X Isolation exemption certificate applies only to short-term visitors (B1, B2, C1, C3, and C4).
- * You will stay in a temporary isolation facility for two days for testing. If tested negative, you will be exempt from isolation requirement.
- X In spite of this certificate, you will be isolated for treatment if tested positive.
- * You should follow the instructions of the health authority to install the Self-diagnosis App on your smartphone and report your health status everyday through the app. You will also receive a phone call on a daily basis from a public official assigned to you to report your health status.

Officer in Charge	Title	Name	Phone number/E-mail			
				уу	mm	dd