



Announcement of King Mongkut's University of Technology Thonburi

Measures and Surveillance of novel Coronavirus Disease (COVID-19) No.3

Currently, the outbreak of novel coronavirus disease 2019 (COVID-19) still continues to escalate as a considerable number of cases are reported around the world and human-to-human transmission has been confirmed in several countries.

To ensure effective control and prevent further contagion, KMUTT has thus established additional measure and surveillance for outbreak of COVID-19 to **manage the flow of visitors on the premises** as follows:

1. The Office of Building and Ground Management will have the officers conduct the screening of visitors to the university by requesting them to complete a self-declaration form as attached and have temperature checked before entering the premises.
2. Visitors whose temperature are higher than 37.5 degrees Celsius/or having a respiratory symptoms e.g. a cough, sore throat, runny nose but are not classified in a risk group (no travel history to affected countries and not in close contact with COVID-19 patients in the past 14 days), are asked to wear a mask and clean hands with provided alcohol-gel before entering the premises.
3. The visitors who have travelled to affected countries or come in close contact with COVID-19 patients or suspected COVID-19 patients in the past 14 days, are not allowed to enter the premises.

The measure takes effect immediately until further notice.

Announced on March 5, 2020

Assoc. Prof. Dr. Suvit Saetia
(President of KMUTT)



For Officers

Building.....
Date...../...../..... Time.....
Officer.....

Self-Declaration Form

Visitor's name: Contact number.....
Company/Organization of visitor Number of your close contact.....
ID number/passport number..... Nationality.....

Purpose of visit (Please inform the name of your host if applicable)
[] Teach/research/speaker at Room.....
[] Attend the meeting/conference/seminar.....
[] Install equipment/machine at.....
[] Deliver merchandise/document or others (please specify).....
[] Others (please specify)
Period of visit from (date)..... to.....

Temperature reading of visitor:degrees Celsius

Health information and travel history for the past 14 days

- 1. [] No symptom
If you have the following symptom(s), please tick the relevant box (es)
[] Fever [] Dry cough [] Body aches [] Headaches
[] Sore throat [] Runny nose [] Tiredness [] Shortness of breath
Others
2. Have you been to Mainland China or affected countries or area (s) in the past 14 days?
[] Yes If yes, please indicate the affected country (s).....
[] No
3. Have you been in contact with a confirmed COVID-19 patient or suspected patient in the past 14 days?
[] Yes [] No

To comply with the Communicable Diseases Act, B.E. 2558 (2015) aimed at surveilling, preventing and controlling dangerous communicable diseases, I hereby certify that the above statements are true and correct.

Signature (visitor): Date: _____