

# APPLICATION FOR

# AN INBOUND CARRYING BY TRAVELLER UNDER TREATMENT OF MEDICAL PREPARATIONS CONTAINING SUBSTANCES UNDER CONTROL OF THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961.

#### 9 Your current residential address - where you can be contacted Part A – Your details Note : A post office box address is not acceptable as a Please complete using **BLOCK LETTERS** residential address. Failure to give a residential address will 1 Your full name – as in your passport result in your application being invalid. Family name Given names POSTAL CODE Name in your own script or character - if applicable 2 10 Address for correspondence (If the same as your residential address, write 'AS ABOVE'.) 3 Nationality - as shown in your passport POSTAL CODE Details from your passport 4 Passport number 11 Your telephone numbers - where you can be contacted Country of COUNTRY CODE AREA CODE Passport Office hours DAY MONTH YEAR ) ( ) Date of issue COUNTRY CODE AREA CODE MONTH YEAR After hours DAY ) ( ) Date of expiry 12 Do you agree to the department communicating with you Issuing authority/ by fax, e-mail, or other electronic means? Place of issue as NO shown in your passport Give details Yes COUNTRY CODE AREA CODE Male Female 5 Sex Fax number ) ( ) MONTH YEAR DAY E-mail address Date of birth 6 13 Briefly describe the medical treatment you have received in Place of birth 7 your home country. If insufficient space, attach an additional Town/city statement. Country 8 Country where you live

FORM

IC - 1

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NUMBER

NUMBER

NUMBER

14 Give details of the doctor in your home country who provided

you with medical treatment.

Name and Licence number of doctor.

Address		
	POSTAL CODE	

15 Give the expected date of arrival and departure from

Thailand and details of arrangement for your continued

care in your home country.

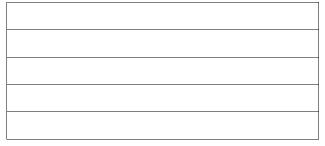
	DAY	MONTH	YEAR	
Date of arrival				
	DAY	MONTH	YEAR	_
Date of departure				
Details of arrangem	ent If in		snace	atta

Details of arrangement. If insufficient space, attach

an additional statement

16 Give details of the medical preparations containing substances under control of the Single Convention on Narcotic Drugs, 1961, which the doctor in your home country arranged for you during your stay in Thailand. (For amounts not exceeding 30 days of treatment)

Details of medical preparations (Trade name, generic name, strength and quantity). If insufficient space, attach an additional statement.



## 17 Give details of your itineraries

Embarkation Port (Port of Departure)

Carrier (airline) / Flight number

|--|

Carrier (airline) / Flight number

18 Do you have any relatives or friends in Thailand ?

NO
Yes Give all relevant details
Name of person
Relationship
Permanent resident of Thailand ?
NO Yes
Address
POSTAL CODE

- 19 During your proposed stay in Thailand, do you have or expect to incur medical costs or require treatment or medical follow up for your medical condition?
  - NO \_ Yes [

Please provide full details.

If insufficient space, attach an additional statement.

## Part B – Declaration

20 Applicant

- I declare that the information on this form is complete, correct and up-to-date in every detail.
- I will abide by the condition imposed on the permit granted.

Signature				
of applicant				
I	DAY	MONTH	YEAR	
Date				

# **Supplementary information to form IC-1**

1. The following documents should be submitted together to :

Narcotics Control Division Food and Drug Administration Ministry of Public Health Nonthaburi 11000, THAILAND Tel : 66 2590 7346, Fax : 66 2591 8471 Email : tnarcotics@fda.moph.go.th

- **1.1 Application form (Form IC-1)**
- **1.2** The medical prescription by the patient's doctor who provided medical treatment indicated :-
  - the name and address of the patient,
  - the identified medical condition,
  - the name of the medications and the reason that those medications were prescribed for the patient's treatment,
  - the posology and total amount of medications prescribed,
  - the name, address and licence number of the prescribing physician.
- **1.3** Certificate issued by the competent authority of the country of departure to confirm the patient's legal authority to carry medications for personal use.
- Two weeks is necessary to process the application. In case of urgency, please send by fax or E-mail the application form (1.1) with medical prescription (1.2) and the certificate (1.3) at least two weeks before your arrival in Thailand.

[The original documents must still be sent by air mail]

3. Examples of narcotic drugs which are controlled under the Single Convention on Narcotic Drugs (1961): controlled under 1961 Convention :

Codeine, Dextropropoxyphene, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Methadone, Morphine, Oxycodone, Pethidine.