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| **Isolation Exemption Certificate**  **(Keep for your own record)** | | | | |
| **(filled by the Applicant)** | | | | |
| Applicant information | Name | | Gender | [ ] Male  [ ] Female |
| Nationality | | Date of birth |  |
| Passport No. | | Mobile phone number  (Contact information in Korea) |  |
| Status of stay | |
| Address in Korea ※ Please provide a full address | | | |
| 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 documents |  | | | |
| 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.  ※ Isolation exemption certificate applies to foreign nationals with short-term visas (B1, B2, C1, C3, and C4) and long-term visas (D8 and D9) as well as Korean nationals.  ※ You will stay in a temporary isolation facility for two days for testing. If tested negative, you will be exempt from isolation requirement.  ※ 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.  ※ Providing false information will result in criminal punishment pursuant to the Infectious Disease Control and Prevention Act. | | | | |
| **Officer in Charge** | | **Title Name Phone number/E-mail** | | |
| yy mm dd | | | | |
| |  |  | | --- | --- | | Embassy of the Republic of Korea in Switzerland | 직인 | | | | | |
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