



# Itinerary for Quarantine Exemption Period

(back side)

○ Itinerary for each day (filled in by the applicant or the inviting company or organization)

※ Please provide detailed plans for the entire period of quarantine exemption (up to 14 days, up to 7 days in case of visits on a humanitarian purpose). This should include information on the places and people to visit and transport to use during the travel such as a personal car or a vehicle provided by the inviting company. Please be reminded that you are not allowed to use public transportation. You may attach additional pages to provide detailed plans, as needed.

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I understand and agree that providing false information to the Minister of \_\_\_\_\_ / the Ambassador or Consul-General of the Republic of Korea to \_\_\_\_\_ on the Itinerary for Quarantine Exemption Period will result in criminal punishment in accordance with the Infectious Disease Control and Prevention Act, and/or denial of entry, deportation, or criminal punishment in accordance with the Immigration Act.

※ I agree that my personal information will be collected, used, and provided to a third party, including public administrative agencies and medical institutions related to COVID-19 control and prevention, such as the Ministry of Health and Welfare, the Korea Disease Control and Prevention Agency, the Ministry of Foreign Affairs and its overseas missions, the Ministry of Justice, the Ministry of Land, Infrastructure, and Transport, the National Police Agency, healthcare and medical centers, or hospitals, pursuant to Article 15 and Article 17 of the Personal Information Protection Act. (agree  disagree )

Applicant's name \_\_\_\_\_ (signature)

Date :      yy      mm      dd

Applicant's name :                      (signature)

## Agreement to the Terms and Conditions

1. I, the applicant for quarantine exemption, hereby agree to comply with all the obligations\* specified under the Note on the Quarantine Exemption Certificate.

\* Obligations to receive a diagnostic test upon entering the Republic of Korea and wait for the test result; conduct active monitoring, including installing the Self-Check Mobile App, reporting daily health status via the app, and answering phone calls from the health authorities call center; comply with infection prevention guidelines; adhere to the Itinerary for Quarantine Exemption Period; and comply with isolation orders made by the disease control authorities as necessary, especially when testing positive for COVID-19

2. I accept and agree that my activities in the Republic of Korea will be limited only to the very purpose of my visit as stated on my application for quarantine exemption. I understand and agree that the validity of the quarantine exemption will immediately terminate and that I will be subject to self-quarantine or facility quarantine\*, if I pursue any activities on a purpose other than the stated purpose of my visit or if I am identified as a contact of a confirmed case or a suspected case of COVID-19.

\* Those who are placed under facility quarantine are required to pay for the fee up to KRW 150,000 per day.

3. I understand and agree that providing false information on the Quarantine Exemption Application and failing to comply with any of the obligations stated above under the first paragraph will result in criminal punishment in accordance with the Infectious Disease Control and Prevention Act, and/or denial of entry, deportation, or criminal punishment in accordance with the Immigration Act.

※ I agree that my personal information will be collected, used, and provided to a third party, including public administrative agencies and medical institutions related to COVID-19 control and prevention, such as the Ministry of Health and Welfare, the Korea Disease Control and Prevention Agency, the Ministry of Foreign Affairs and its overseas missions, the Ministry of Justice, the Ministry of Land, Infrastructure, and Transport, the National Police Agency, healthcare and medical centers, or hospitals, pursuant to Article 15 and Article 17 of the Personal Information Protection Act. (agree  disagree )

Date :       yy       mm       dd

Applicant's name :                       (signature)