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PATIENT NAME: _____ **DATE OF BIRTH:** ____/____/____

Other names used: _____ **other identifier:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email (optional):** _____

I hereby authorize:
 Shasta Community Health Center (SCHC) 1005 Placer St. Redding, CA 96001
 -or-
OTHER: _____
 Name of person / entity to RELEASE health information

Street Address, City, State, Zip Code: _____ Phone number: _____ Fax Number: _____

To release health information to (Recipient):
 Patient or Legal Representative **Shasta Community Health Center**
 -or-
OTHER: _____
 Name of person / entity to RECEIVE health information

Street Address, City, State, Zip Code: _____ Phone number: _____ Fax Number: _____

*Recipient(s) may include individuals, entities with a treating provider relationship to patient, third party payers, or other entities without a treating provider relationship to patient. If recipient entity does not have a treating provider relationship to patient and is not a third party payer, please indicate the name of the recipient entity, and: (1) the name(s) of individual participant(s), or (2) the name(s) of the entity participant(s) that has a treating provider relationship with the patient; or (3) a general designation of an individual or entity participant(s) or class of participants that must be limited to a participant(s) who has a treating provider relationship with the patient whose information is being disclosed.

**When using such a general designation and disclosing information covered by substance use disorder information covered by federal regulations of 42 CFR Part 2 ("Part 2"), patient (or other individual authorized to sign in lieu of the patient) understands that, upon their request and consistent with Part 2, they must be provided a list of entities to which their information has been disclosed pursuant to such general designation.

Please **DESCRIBE** the **PURPOSE** of the disclosure, as specific as possible:

CỤC QUẢN LÝ XNC
 IMMIGRATION DEPARTMENT
 Số(Our Ref: No): A13190824/A72-P2

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
 SOCIALIST REPUBLIC OF VIETNAM

Hà Nội, ngày 13 tháng 12 năm 2013
 (Day) (Month) (Year)

V/v nhận thị thực tại cửa khẩu
 Subj: Picking up visa upon arrival

Kính gửi: Công ty TNHH MTV Mao hiểm KT
 To: KT Adventure Co., Ltd

Trả lời công văn số 627 ngày 11 tháng 12 năm 2013 của Công ty về việc đề nghị giải quyết cho 2 khách nhập xuất cảnh Việt Nam để du lịch, Cục Quản lý xuất nhập cảnh có ý kiến như sau:

In regard to your letter of 11 Dec 2013, numbered 627, requesting permission for 2 people to enter and exit Vietnam for the purpose of tourism, the Immigration Department responds as follows:

* 2 khách được nhập xuất cảnh Việt Nam một lần từ ngày 10/02/2014 đến ngày 10/03/2014:
 The 2 people are permitted to enter and exit Vietnam one time from 10/02/2014 to 10/03/2014:

Số TT	Họ và tên Full name	Ngày sinh Date of birth	Quốc tịch Nationality	Số hộ chiếu Passport No
1 -	DHANBAI KANJI HALAI	06/10/1958	United Kingdom	XXXXXXXXXX
2 -	KANJI VALJI HALAI	06/08/1953	United Kingdom	XXXXXXXXXX

* Những khách trên được nhận thị thực tại sân bay quốc tế.
 And to pick up visa upon arrival at International Airports./.

Nơi nhận (Copies to):
 - CẠCK sân bay quốc tế (Immigration Checking - Point at International Airports);
 - Lưu: (file) XNC/P2.

TL. CỤC TRƯỞNG
KT. TRƯỞNG PHÒNG
PHÓ TRƯỞNG PHÒNG
 Immigration Department

Lê Thanh Hùng



Royal Thai Embassy, Canberra
 111 Empire Circuit, Yarrakula, ACT 2600

B
FORM

PLEASE USE FORM B for nationals of: Afghanistan, Algeria, Bangladesh, Cameroon, Central African Republic, China, Congo, Egypt, Equatorial Guinea, Ghana, Guinea, India, Iran, Iraq, North Korea, Lebanon, Liberia, Libya, Nepal, Nigeria, Pakistan, Palestine, Sao Tome and Principe, Sierra Leone, Somalia, Sri Lanka, Sudan, Syria, and Yemen.
 PLEASE COMPLETE DETAILS CLEARLY IN BLACK OR BLUE INK.

PAGE 1/2

PART A - GENERAL INFORMATION

1 Name as shown in your passport (travel document)
 Family name / Surname: _____
 Given name / First name: _____
 Middle name (if applicable): _____
 Former name (if applicable): _____

2 Sex: Male Female

3 Marital status: Never married Married Others

4 Nationality at present: _____

5 Nationality at birth: _____

6 Date of birth (DD/MM/YYYY): ____/____/____

7 Place of birth (City & Country): _____

8 What type of travel documents do you hold?
 Passport Temporary / Emergency Passport Travel Document
 Document No.: _____
 Date of issue (DDMMYYYY): ____/____/____
 Date of expiry (DDMMYYYY): ____/____/____
 Country of issue: _____

9 What is your current address in Australia?
 Unit / Street Number: _____
 Suburb / City: _____ State: _____
 Postcode: _____ Home Phone: _____
 Mobile Phone Number: _____
 E-mail: _____

10 What is your current occupation / profession?

11 Who is your current employer / institution?

12 Accompanying children included in your passport who will be travelling with you? (please specify, full name, date of birth, gender)
 1. _____
 2. _____

PART B - PURPOSE OF VISIT TO THAILAND

13 What is your purpose of visiting?
 TOURIST (stay up to 60 days per entry) For holiday propose including Property-Owning, Non-Educational (Boxing, Cooking, Scuba Diving, etc)
 Single entry (AUS55) Multiple entry (AUS275)
 TRANSIT (stay up to 30 days per entry)
 Single entry (AUS45) Double entry (AUS90)
 NON-IMMIGRANT (stay up to 90 days per entry not for holiday)
 Single entry (AUS110) Multiple entry (AUS275)
 Business (conference, seminar, workshop, training, internship, etc)
 Educational Spouse / Family visit Volunteer / NGO

DIPLOMATIC / OFFICIAL / COURTESY VISIT

14 Details of arrival in and departure out of Thailand
 1 First entry (DD / MM / YY)
 Date of arrival: ____/____/____ Flight No.: _____
 Date of departure: ____/____/____ Flight No.: _____
 2 Second entry (if applicable)
 Date of arrival: ____/____/____ Flight No.: _____
 Date of departure: ____/____/____ Flight No.: _____

15 Name and address of accommodation in Thailand

REMARK FOR TOURIST AND TRANSIT VISA
 1. The validity of visa is 3 months for Single Entry and 6 months for Multiple Entry as show ENTER BEFORE date on the visa. You must enter Thailand before this date.
 2. Period of stay will be determined by the Immigration Officers at the Immigration checkpoints upon arrival in Thailand.

CONDITIONS AND DECLARATIONS
CONDITIONS: 1. Each Applicant is considered to be individual merit and may be rejected without any reason provided. 2. Visa processing fee is non-refundable. 3. Consular officers may request additional documents as deemed necessary.
DECLARATIONS: I have read and agreed to the above conditions. The information I have given is true, correct and complete to the best of my knowledge.

Signature of applicant: _____ Date/Month/Year: _____

OFFICIAL USE ONLY

Visa fee: AUS \$ _____
 Number: _____
 Reference Number: _____
 Date of issue: _____

Type of visa: Tourist Transit Non-Immigrant Diplomatic Official Courtesy

Number of entries: Single Double Multiple

Authorized signature: _____

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