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| |  | | --- | | 2. 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; get a diagnostic test within 6-7 days of entry and submit a copy of negative COVID-19 test result within 8 days of entry; conduct active monitoring, including installing the Self-Check Mobile App, reporting daily health status via the app; comply with infection prevention guidelines; adhere to the Itinerary for Quarantine Exemption Period (not applicable for people fully vaccinated overseas and exempt from quarantine); and comply with isolation orders made by the disease control authorities as necessary, especially when testing positive for COVID-19.  2. I was notified of the following and agree that any violations of the following can lead to civil and criminal punishment in accordance with related laws and regulations.  (1) If I fail to submit a negative PCR test result issued lawfully in the entry process (within 72 hours prior to the date of departure) in accordance with the standards of submitting a PCR negative test result, Quarantine Exemption Certificate becomes invalid  (2) If I fail to receive a diagnostic test within 6-7 days after arrival and submit a negative PCR test result to the examination authorities and the local government responsible for my place of address, Quarantine Exemption Certificate becomes invalid.  (3) If I was issued Quarantine Exemption Certificate as a person fully vaccinated abroad, and confirmed to have stayed in, departed from, or had a layover in any countries currently or newly designated as those hit by the Beta, Gamma, Delta COVID-19 variants, within 14 days before entering into Korea, Quarantine Exemption Certificate for people fully vaccinated overseas becomes invalid.  2. I understand and agree that the validity of the quarantine exemption will terminate, and I will be subject to self-quarantine or facility quarantine at my own expense, **if I fail to provide proof of a negative COVID-19 PCR test result issued within 72 hours prior to the departure date upon arrival, or fail to receive a diagnostic test within 6-7 days of entry and do not submit the negative COVID-19 PCR test result to the examination authorities and the local government responsible for my place of address within 8 days of entry.** \* In case of travel for public purposes, submit to the ministry hosting the travel.  3. 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.  4. 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) | |