

**[Attachment 6]**

**Veteran's Q-code Information**

The overseas entrant shall use the Advance Input System for Quarantine Information to proceed with the advance input before entry. All international participants must visit the Q-code site directly and fill it out.

**Please visit website: <https://cov19ent.kdca.go.kr/cpassport/>**

**In case of veterans who are not able to access directly, please fill out the details below and send it to the secretariat.**

※ You must send for us the copy of negative PCR result that will be issued after inspection within 48 hours of the date of departure.

Please send for us the below form within 2days before departure. ([mjoung00@nate.com](mailto:mjoung00@nate.com))

1. Q-code Information

Surname		Given Names	
Email		Mobile phone	<input type="checkbox"/> (No mobile phone)

2. Please input the registration and contents of the confirmation of negative PCR result.

※ You must make sure to print and keep the confirmation of negative PCR result upon entry. In case of a person with exemption, please select the reason.

2-1) Select the reason for exemption (Mandatory)

- No reason for exemption
- Infant or toddler younger than 6 years old
- Person with the certificate of quarantine exemption for the purpose of humanitarian official business trip (participation in funeral service)
- Seafarers of Korean nationality who entered the Republic of Korea from Singapore
- Korean nationals departing from Ukraine and their foreign spouses and lineal ascendants
- Simple re-detection Koreans (Koreans who have not passed 40 days after 10 days have passed since they were confirmed as confirmed by the departure date)

2-2) Test Method:

2-3) Test date(yymmdd):

2-4) Test Result:

2-5) Issue the Date of Confirmation(yymmdd):

3. Please input your health condition (Mandatory)

3-1) Please let us know countries you have visited over the last 21days.\_\_\_\_\_

3-2) Please let us know countries you have visited within 14days.\_\_\_\_\_

3-3) If you have experienced the following symptom(s) in the last 21 days or you have the symptom(s) currently, please select the boxes. (Mandatory)

Symptom exists  Symptom does not exist

3-4) Please select all of the following symptoms you have experienced during the last 21 days or are currently experiencing.

Fever  Shivering  Headache  Sore throat  Runny nose  Coughing

Difficulty with breathing  Vomiting  Stomachache or diarrhea  Rashes  Jaundice

Deterioration of mental functions  Continuous mucosal bleeding(eye, nose, mouth)

Other symptoms\_\_\_\_\_

3-5) If you have experienced the above corresponding symptom(s), please select the following boxes.

Took the symptom-related drug  Visited a local hospital  Made contact with an animal