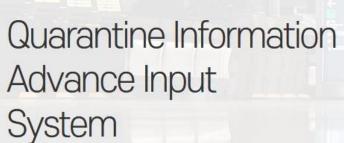
GUIDE

INPUT

INPUT RESULT

NOTICE





Quarantine Information Pre-entry System



INPUT METHOD (REPORT ORDE

The overseas entrant shall use the Advance Input Syst em for Quarantine Information to proceed with the adv ance input before the entry.

Click Get Started

STEP.01

Consent to the Terms and Conditions

STEP.02

Input your E-mail

STEP.03

Input your passport information

STEP.04

Input the entry and stay information relat ed to your visit

STEP.05

Input quarantine information

STEP.06

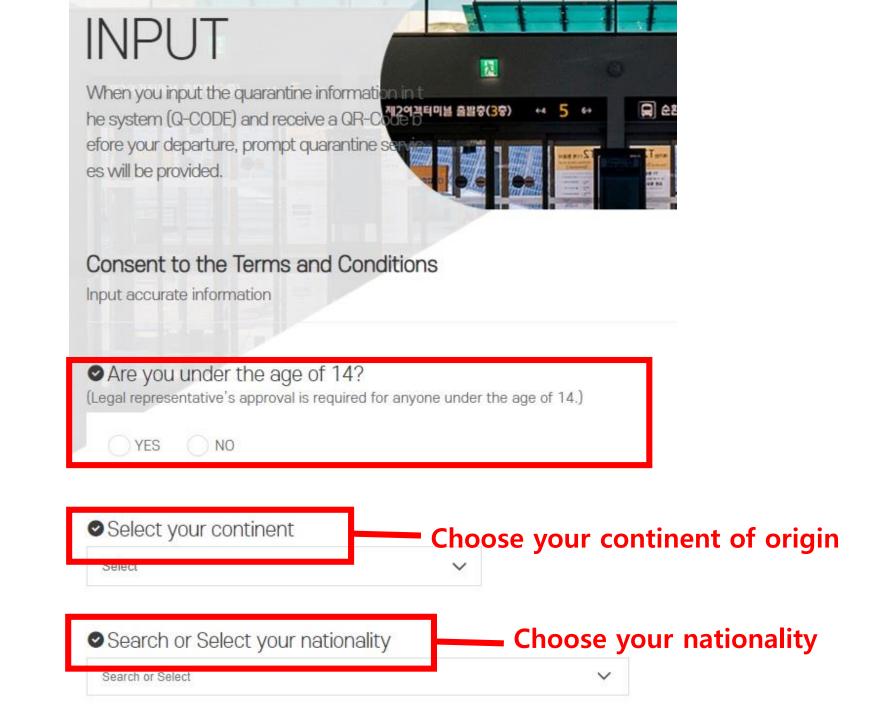
Input your health condition

STEP.07

Confirm the input information

STEP.08

Issue the QR-Code



Agreement of the terms and conditions

Chapter 1. General Provisions

Article 1 (Purpose)

The purpose of these genera terms and conditions is to set forth relevant matters on use conditions and procedures for all services p rovided by the prior entry system for quarantine information of the Korea Disease Control and Prevention Agency (hereinafter referre d to as "System"), and any other necessary matters.

Article 2 (Definitions of Terms)

The definitions of terms used in these general terms and conditions shall be as follows:

Agree

Disagree

Agreement to the Collection & Use of Personal Information

Agreement of the collection and uses of personal information

In order to be able to in input the advance quarantine information, you must agree to the collection uses of personal information tion. Please read the detailed contents and check whether you agree or disagree.

The collected personal information will be stored for 2 months and destroyed (permanently deleted).

Details of collection and use of personal information

Items to be collected	Purpose of collection	Retention period
Passport information, e-mail add ess, name, address, contact info rmation, information on place of departure, information on place o stay, date of birth, health condit ion information	Doing works for quarantine and d isease prevention for overseas e ntrants	2 months

* You have the right to refuse to your consent to the collection and use of personal information specified above.

* If you refuse to consent thereto, your use of the site will be restricted.

Do you agree with the above mandatory items of the collection and use of personal information?

Agree

Disa	gre
1130	gro

Unique Identification Information Process —— Agreement of the uniquely identifiable information

In order to be able to input the advance quarantine information, you must consent to the collection and use of unique identifical tion process. Please read the detailed contents and check whether you agree or disagree.

■ Details of collection and use of unique identification numbers

Items to be collected	Purpose of collection	Retention period
Passport number	Doing works for quarantine and d isease prevention for overseas e ntrants	2 months

* You have the right to refuse to your consent to the collection and use of personal information specified above.

* If you refuse to consent thereto, your use of the site will be restricted.

Do you agree with the above unique identification information process?

Disagree

Agreement to the Details of Processing Sensitive Information

Agreement of the processing In order to be able to input the advance quarantine information, you must agree with the collection and use of sensitive information

tion. Please read the detailed contents and check whether you agree or disagree

Details of collection and use of sensitive information

Items to be collected	Purpose of collection	Retention period
Health condition information	Doing works for quarantine and d isease prevention for overseas e ntrants	2 months

* You have the right to refuse to your consent to the collection and use of personal information specified above.

* If you refuse to consent thereto, your use of the site will be restricted.

Do you agree with the above mandatory items of the collection and use of sensitive information?

Disagree

INPUT

When you input the quarantine informatio n in the system (Q-CODE) and receive a Q R-Code before your departure, prompt qu arantine services will be provided.



INPUT E-MAIL

Please input accurate E-mail address.



Please input accurate passport number.

e.g.,) M12345678 (Enter the correct passport number)

STEP.01 Consent to the Ter ms and Conditions

•••

● E-mail Address

STEP.02 Input your E-mail

e.g.,) 12345abc (Enter your email address to receive QR code response)

✓ Korean Name
 ✓ Marcol
 ✓ Name
 ✓ N

STEP.03 Input your passpor t information

0.0

STEP.04 Input the entry and stay information related to yo ur visit

0 0

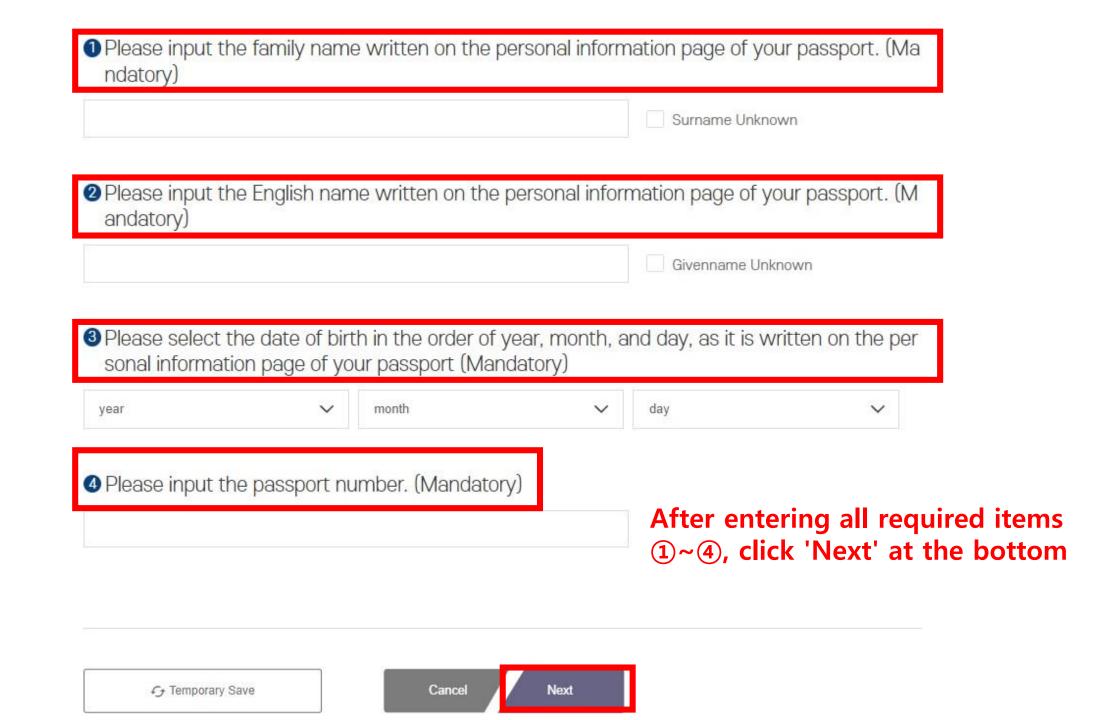


INPUT PASSPORT INFORMATION

Please input accurate passport information.

Fill out the items below with reference to your passport







If you have special issues, such as an unopened mobile phone, enter your residence or company phone number



INPUT HEALTH CONDITION INFORMATION

Please input accurate health information.

◆ Please input your health condition (Mandatory)

Please select countries y	ou have visited over the last 21 days.	 Add visiting country
Select continent	Search or Select country	
Select ~	Search or Select	Visited within 1 4 days
 You can select a maximum of 4 ng within 14 Days] if your visit is wi 	countries. If you have visited the country within 14 da ithin 14 days.	ys, please select the box. Please select [Visit
2. If you have experienced rrently, please select the bo	the following symptom(s) in the last 21 da oxes. (Mandatory)	ys or you have the symptom(s) cu
Symptom exists S	Symptom does not exist	
2-1. Please select all of the fo	ollowing symptoms you have experienced du	ring the last 21 days or are currently
experiencing.		
experiencing. Fever Shivering	Headache Sore throat Runny	
	Headache Sore throat Runny Vomiting Stomachache or diarrhea	nose Coughing
Fever Shivering	Vomiting Stomachache or diarrhea	nose Coughing Rashes Jaundice
Fever Shivering Difficulty with breathing	Vomiting Stomachache or diarrhea	nose Coughing Rashes Jaundice
Fever Shivering Difficulty with breathing Deterioration of mental fu	Vomiting Stomachache or diarrhea	nose Coughing Rashes Jaundice ye, nose, mouth)
Fever Shivering Difficulty with breathing Deterioration of mental fu	□ Vomiting □ Stomachache or diarrheaunctions □ Continuous mucosal bleeding (e	nose Coughing Rashes Jaundice ye, nose, mouth) ndatory)
Fever Shivering Difficulty with breathing Deterioration of mental fu	Vomiting Stomachache or diarrheaunctions Continuous mucosal bleeding (eapply, please select the following boxes. (Mark the symptom-related drug Visited a loc	nose Coughing Rashes Jaundice ye, nose, mouth) ndatory)

⊘ INPUT FILE INFORMATION



- * After verifying the entered information, click Submit
- * If you made an error, click Edit to amend it



Your input is complete.

You can also check the QR code issued after completing the input by e-mail.

urvisit

•••

STEP.05 Input quarantine information

•••

STEP.06 Input your health c ondition

• •

STEP.07 Confirm the input information

. .

STEP.08 Issue the QR-Code

QR code issued and e-mail sent following the completion of submission INPUT INFORMATION





(i) Please print or save the groode when entering the country and submit it to the quarantine station.