THE ROYAL THAI GOVERNMENT

FOOD AND DRUG ADMINISTRATION

FORM
OC - 1

APPLICATION FOR

AN OUTBOUND CARRYING BY TRAVELLER UNDER TREATMENT OF MEDICAL PREPARATIONS CONTAINING SUBSTANCES UNDER CONTROL OF THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961.

Part A – Your details

Please complete using BLOCK LETTERS

1 Your full name – as in your passport

Family name

Given names

2 Name in your own script or character – if applicable

3 Nationality – as shown in your passport

4 Details from your passport

Passport number

Country of Passport

Date of issue (DAY MONTH YEAR)

Date of expiry (DAY MONTH YEAR)

Issuing authority/ Place of issue as shown in your passport

5 Sex Male ☐ Female ☐

6 Date of birth (DAY MONTH YEAR)

7 Place of birth

Town/city

Country

8 Country where you live

9 Your current residential address – where you can be contacted

Note : A post office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

POSTAL CODE

10 Address for correspondence

(If the same as your residential address, write 'AS ABOVE'.)

POSTAL CODE

11 Your telephone numbers – where you can be contacted

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	(66)	( )	
After hours	(66)	( )	

12 Do you agree to the department communicating with you by fax, e-mail, or other electronic means?

NO ☐

Yes ☐ Give details

	COUNTRY CODE	AREA CODE	NUMBER
Fax number	(66)	( )	

E-mail address

13 Briefly describe the medical treatment you have received in Thailand. If insufficient space, attach an additional statement.

Continued on next page ▯

14 Give details of the doctor in Thailand who provided you with medical treatment.

Name and Licence number of doctor.

Address

POSTAL CODE

15 Give the expected date of departure and arrival in Thailand .

Date of departure DAY MONTH YEAR

Date of arrival DAY MONTH YEAR

16 Give details of the medical preparations containing substances under control of the Single Convention on Narcotic Drugs, 1961, which the doctor in Thailand arranged for you.

(For amounts not exceeding 30 days of treatment)

Details of medical preparations (Trade name, generic name , strength and quantity). If insufficient space, attach an additional statement.

17 Give details of your itineraries

Embarkation Port (Port of Departure)

Carrier (airline) / Flight number

Disembarkation Port (Port of Arrival)

Carrier (airline) / Flight number

18 Do you have any close relatives or friends in Thailand ?

NO ☐

Yes ☐ Give all relevant details

Name of person

Relationship

Permanent resident of Thailand ?

NO ☐ Yes ☐

Address

POSTAL CODE

Part B – Declaration

19 Applicant

- I declare that the information on this form is complete, correct and up-to-date in every detail.
- I will abide by the condition imposed on the permit granted.

Signature of applicant

Date DAY MONTH YEAR

Supplementary information to form OC-1

1. **The following documents should be submitted together to :**

Narcotics Control Division
Food and Drug Administration
Ministry of Public Health
Nonthaburi 11000, THAILAND
Tel : 66 2590 7346, Fax : 66 2591 8471
Email : tnarcotics@fda.moph.go.th

   1.1 Application form (Form OC-1)

   1.2 The copy of medical prescription by the patient's doctor who provided medical treatment indicated :-

   - **the name and address of the patient,**
   - **the identified medical condition,**
   - **the name of the medications and the reason that those medications were prescribed for the patient's treatment,**
   - **the posology and total amount of medical preparations prescribed,**
   - **the name, address and licence number of the prescribing doctor.**

2. **Two weeks is necessary to process the application. In case of urgency, please send by fax or E-mail the application form (1.1) with medical prescription (1.2) at least two weeks before your departure from Thailand. [The original documents must still be sent by air mail]**

3. **Examples of narcotic drugs which are controlled under the Single Convention on Narcotic Drugs (1961): controlled under 1961 Convention :**
   Codeine, Dextropropoxyphene, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Methadone, Morphine, Oxycodone, Pethidine.