Q-CODE QUARANTINE COVID19 DEFENCE

> Quarantine Information Advance Input System Quarantine Information Pre-entry System

GUIDE

INPUT

Go

INPUT RESULT

Click Get Started

NOI

orean/English

Quarantine for Each Target Person 🔛



The overseas entrant shall use the Advance Input System for Quarantine Information to proceed wit h the advance input before the entry.

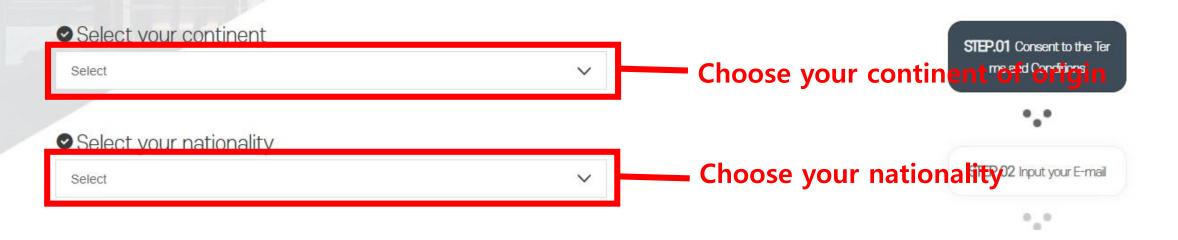


INPUT

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.

Consent to the Terms and Conditions

Input accurate information





Terms & Conditions

Agreement of the terms and conditions

5. Any term not defined in these general terms and conditions shall be defined in relevant laws or separate general terms and conditio ns or separate provisions for use with respect to individual services.

Article 3 (Effectiveness and Modification of General Terms and Conditions)

1. The system shall provide services to users on the condition that users consent to the provisions of these general terms and conditi ons.

2.

Agree

Where there is a reasonable ground to change the system, etc., these general terms and conditions may be modified. If there is a ch ange(s) in these general terms and conditions, it shall be publicly announced without delay.

3. These general terms and conditions modified under Section 2 shall come into effect in the same way as specified in Section 1.

Disagree

Agreement to the Collection & Use of Personal Information Agreement to the Collection & Use of Personal Information In order to be able to in input the advance quarantine information, you must agree to the collection and use of personal information In order to be able to in input the advance quarantine information, you must agree to the collection and use of personal information

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

Details of collection and use of personal information

Items to be collected	Purpose of collection	Retention period
Passport information, e-mail addr ess, name, resident registration n umber, address, contact informati on, information on place of depart ure, information on place of stay, i nfectious disease information (PC R test results, vaccination), quara ntine exemption information	Doing works for quarantine and di sease prevention for overseas ent rants	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?



STEP.08 Issue the Q

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STEP.07 Confirm the

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

Items to be collected	Purpose of collection	Retention period
Passport number, resident registr ation number	Doing works for quarantine and di sease prevention for overseas ent rants	2 months

※ 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 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	
Corona 19 vaccination history, PC R test results, health status	Doing works for quarantine and di sease prevention for overseas ent rants	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

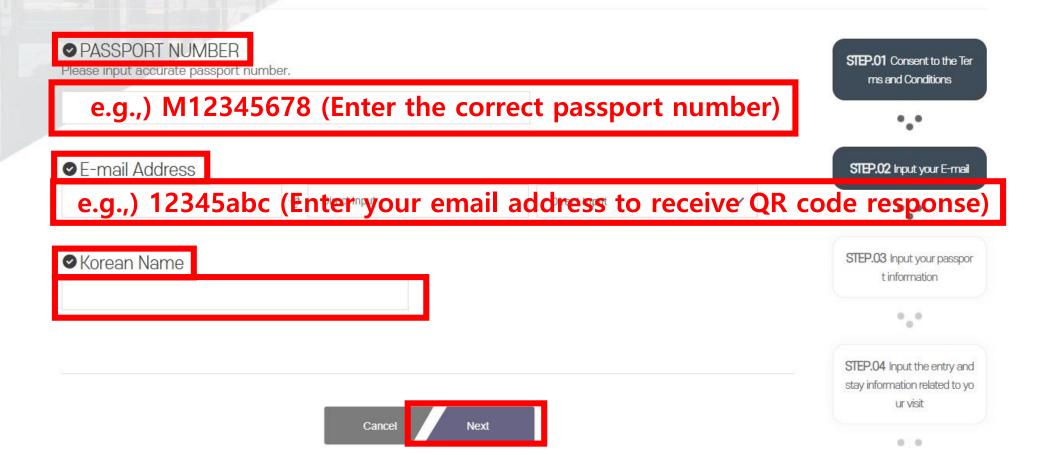
INPUT

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.



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



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INPUT PASSPORT INFORMATION

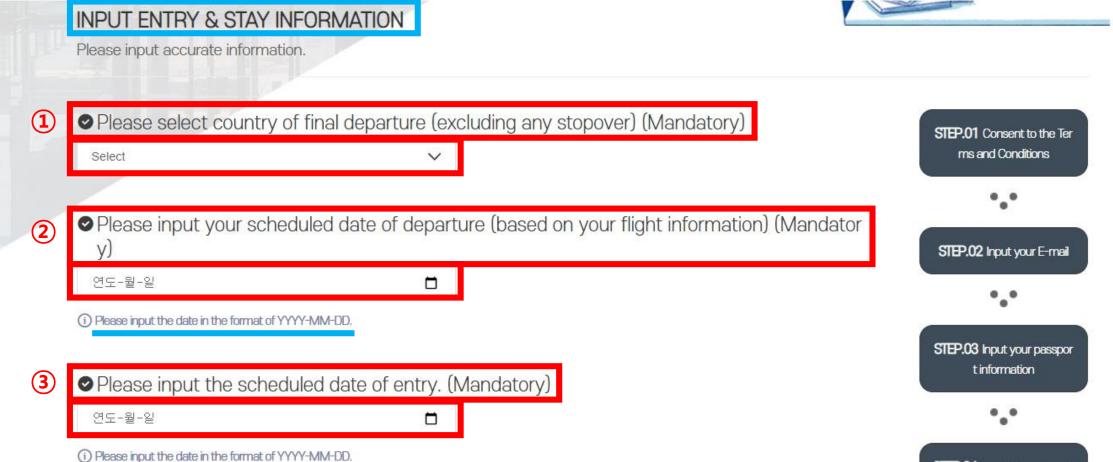
Please input accurate passport information.

Fill out the items below with reference to your passport



Please refer to the passport sample to write correct information.

anublic of Koroa		~		*.*
Republic of Korea		v		
Please select the g tory)	gender written on the p	personal information page	e of your passport. (Manda	STEP.06 Input your health c ondition
Male Female				° °
Please input the fa ndatory)	amily name written on t	the personal information	page of your passport. (Ma	STEP.07 Confirm the input i nformation
		S	Surname Unknown	***
				STEP.08 Issue the QR-Code
Please input the Er andatory)	nglish name written on	the personal informatior	n page of your passport. (M	
	nglish name written on		n page of your passport. (M Givenname Unknown	
andatory)		G	Givenname Unknown	
andatory) Please select the c		er of year, month, and day		
andatory) Please select the c	date of birth in the order	er of year, month, and day	Givenname Unknown	



STEP 04 Input the entry and

with a short term visa entering the Republic of Korea, please input the address at which you will stay after your 7-day stay in the quar	ant •••
	STEP.05 Input quarantine in ormation

our mobile phone number (Mandatory)	STEP.06 Input your health of
✓ I do not possess a mobile phone	ondition
obile phone or it is impossible to receive a phone call in Korea, please check the box and input any other available contact phone numb	ver.
obile phone or it is impossible to receive a phone call in Korea, please check the box and input any other available contact phone numb ne available contact phone number in Korea.	er. ••• STEP.07 Confirm the input nformation
	STEP.07 Confirm the input nformation

Please input contents of the confirmation of negative PCR result or the confirmation of negative Supervised Rapid Antigen Test(RAT). (Mandatory)



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



- Select the reason for exemption from negative PCR result (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 confirm ed as confirmed by the departure date)

(i) Supervised Rapid Antigen Test(RAT) for experts is only recognized within 24 hours before the 0 hour of your scheduled date of departure, and only those tested wi thin 48 hours before the 0 hour of your scheduled date of departure.

3	• Test Date	• Test Result	
	yyyy-mm-dd	Select	×
5	 Issue the Date of Confirmation 		
	yyyy-mm-dd		

(i) If the confirmation does not show the date of issue, please input the test confirmation date or the test date.

Registration for Confirmation of Negative Result

(6)

Select file	No file selected	
Select file	No file selected	
Select file	No file selected	

(i) It is possible to register PDF, jpg, jpeg, png and gif files. Please register each file in a size smaller than 5MB.

(i) (Mandatory) Please attach the Confirmation of Negative Test Result. (Mandatory items to be included: Name, DOB, test method, test date, test result, issue date, test agency)

(i) (Selective 1) If a mandatory item of information has been omitted in the Confirmation of Negative Test Result, please attach objective data to verify the omitted information.

(i) (Selective 2) If the test method written in the Confirmation of Negative Test Result is not written in English or Korean, please attach an English or Korean translation and the certified notarization* of translation.

(A text that has been translated in person must be certified for accuracy by a public agency or Consular Office. If the text has been translation by a certified transl ation service (certified translator), further certification is not necessary.)

Upload the file after reviewing the precautions (required)



Please input your health condition (Mandatory)

(9)

Select continent		Select country		
Select	\sim	Select	~	Visited within * 4 days
Select continent		Select additional country 1		
Select	~	Select	~	Visited within 1 4 days
Select continent		Select additional country 2		
Select	~	Select	~	Visited within 1 4 days
Select continent		Select additional country 3		
Select	~	Select	~	Visited within 1 4 days

(i) You can select a maximum of 4 countries. If you have visited the country within 14 days, please select the box. Please select [Visiti ng within 14 Days] if your visit is within 14 days.

Symptom exists Symptom does not exist
-1. Please select all of the following symptoms you have experienced during the last 21 days or are cu xperiencing.
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
-2. If you have experienced the above corresponding symptom(s), please select the following boxes.

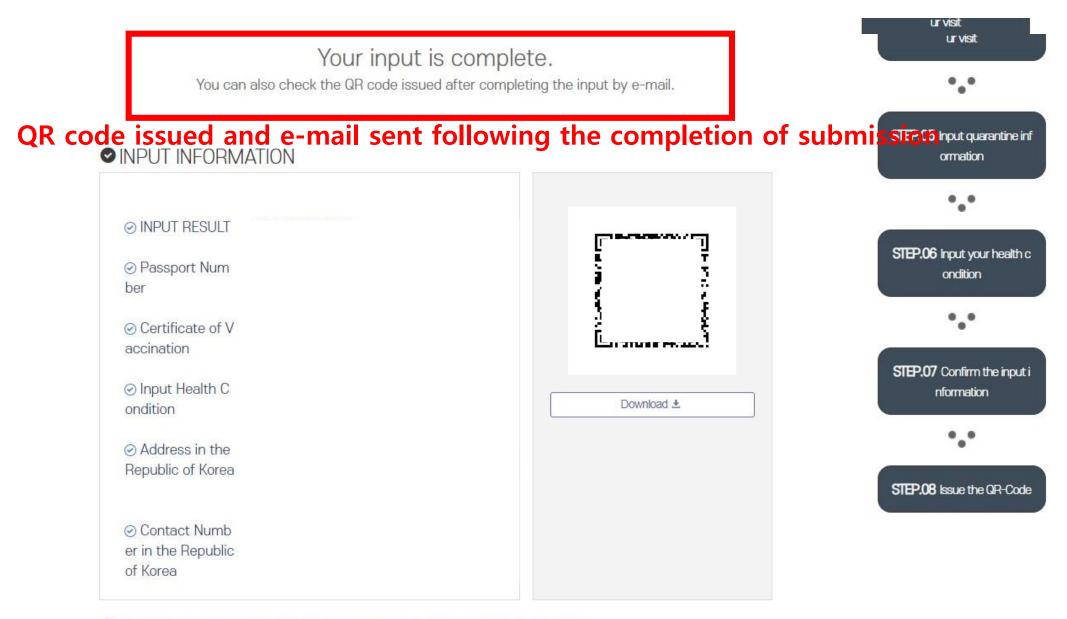


♥ INPUT FILE INFORMATION

⊘ Certificate of Vacci nation	\odot	Detailed View o f Information
⊘ Certificate of Quara ntine Exemption	•	Detailed View o f Information
	•	Detailed View o f Information
○ Confirmation of Ne gative PCR Test Resul t2		
⊘ Confirmation of Ne gative PCR Test Resul t3		
⊘ Health Condition	÷	Detailed View o f Information

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

Modif	y .	Previous	Submit
l			



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