



TRAVELLER HEALTH QUESTIONNAIRE- ENTRY SCREENING

Traveller details

Form with fields: Name and Surname, Date of Birth, Nationality, City and Country travelling from, Passport No. for non-RSA Citizens / ID No., Date of Arrival in South Africa, Flight/Vessel/Bus/ Vehicle Number, Seat Number, Did you change seat during the trip?, Telephone Number while in South Africa, Other Contact Number /WhatsApp Number, Email Address, Physical Address in South Africa, List Countries you have travelled to in the past 14 days, Are you travelling in a group?

If the traveller answers yes to any of the following questions please notify Port Health authorities immediately

Form with questions: Have you been in contact with a confirmed or suspected case of COVID-19?, Have you been to any international event in the last 14 days?, Have you had fever in the last 14 days?, Have you had cough in the last 14 days?, Have you had difficulty breathing in the last 14 days?

All sections are compulsory and should be completed

I, \_\_\_\_\_ herewith certify that the above information is true and correct. Signature of traveller: \_\_\_\_\_ Date \_\_\_\_\_

Key Contact Information: NDOH website:www.health.gov.za NICD website: www.nicd.ac.za

This document is to be handed to Port Health Official

To be Completed by Port Health Officer:

Point of Entry: \_\_\_\_\_

Traveller Temperature: \_\_\_\_\_

Date Traveller Arrived in the Country: \_\_\_\_\_

Port Health Official: (Name and Signature) \_\_\_\_\_