

**\*To be completed by all travellers travelling within South Africa\***

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| **TRAVELLER HEALTH QUESTIONNAIRE – SCREENING WITHIN SOUTH AFRICA** | | |
| **Traveller details** | | |
| Name and Surname |  | |
| Date of Birth |  | |
| Nationality |  | |
| Passport No. for non-RSA Citizens / ID No. for RSA Citizens |  | |
| City and Country of Origin (for non-RSA Citizens) |  | |
| Date of Arrival in South Africa (for non-RSA Citizens) |  | |
| Date of Travel within South Africa |  | |
| City and Country travelling to |  | |
| Flight/Vessel/Bus/ Vehicle Number |  | |
| Seat Number |  | |
| Telephone Number at destination (incl. country code) |  | |
| Other Contact Number in RSA / WhatsApp Number (incl. country code) |  | |
| Email Address |  | |
| Physical Address at destination  (if multiple destinations please include other addresses on the back of this form) |  | |
| Physical Address/es during stay in South Africa  (if multiple destinations please include other addresses on the back of this form) |  | |
| List of areas visited during stay in South Africa, including list of province/s |  | |
| Are you travelling in a group?  󠇡 Yes 󠇡󠇡 No | Number in a group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **If the traveller answers yes to any of the following questions, please notify Port Health authorities immediately** | | |
| Have you been in contact with a confirmed or suspected case of COVID-19? | 󠇡 Yes 󠇡󠇡 No 󠇡 󠇡󠇡 Don’t know | |
| Have you been to an event with >50 people in the last 14 days? | 󠇡 Yes 󠇡󠇡 No | If answered yes, please indicate venue and date: |
| Have you had fever in the last 14 days? | 󠇡 Yes 󠇡󠇡 No 󠇡 󠇡󠇡 Don’t know | |
| Have you had cough in the last 14 days? | 󠇡 Yes 󠇡󠇡 No 󠇡 󠇡󠇡 Don’t know | |
| Have you had difficulty breathing in the last 14 days? | 󠇡 Yes 󠇡󠇡 No 󠇡 󠇡󠇡 Don’t know | |
| **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**](http://www.nicd.ac.za)

***This document is to be handed to Port Health Official***

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**To be Completed by Port Health Officer:**

Point of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traveller Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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