

TRAVELLER HEALTH QUESTIONNAIRE- ENTRY SCREENING	
Traveller details	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Seat number	
Telephone Number while in South Africa	
Other Contact Number /WhatsApp Number	
Email Address	
Physical Address in South Africa (if multiple destinations please include other addresses on the back of this form)	
List Countries you have travelled to in the past 14 days	
Are you travelling in a group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number in a group:	
<b>If the traveller answers yes to any of the following questions please notify Port Health authorities immediately</b>	
Have you been in contact with a confirmed or suspected case of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you been to any international event in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had fever in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had cough in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had difficulty breathing in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All sections are compulsory and should be completed</b>	
I, _____ herewith certify that the above information is true and correct	
Signature of traveller: _____ Date _____	
<b>Key Contact Information:</b> NDOH website: <a href="http://www.health.gov.za">www.health.gov.za</a> NICD website: <a href="http://www.nicd.ac.za">www.nicd.ac.za</a>	
<i>This document is to be handed to Port Health Official</i>	
<b>To be Completed by Port Health Officer:</b>	
Point of Entry:	_____
Traveller Temperature:	_____
Date Traveller Arrived in the Country:	_____
Port Health Official: (Name and Signature)	_____