



**TRAVELLER HEALTH QUESTIONNAIRE – EXIT SCREENING**

<b>Traveller details</b>	
Name and Surname	
Date of Birth	
Nationality	
Passport No. for non-RSA Citizens / ID No. for RSA Citizens	
City and/or Country of Origin	
Date of Arrival in South Africa ( <b>International Travellers</b> )	
Date of Departure from South Africa ( <b>International Travellers</b> )	
City and/or 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 in departure Province ( <b>Domestic Travellers</b> )	
Physical Address/es during stay in South Africa (if multiple destinations please include other addresses on the back of this form) ( <b>International Travellers</b> )	
List of areas visited during stay in South Africa, including list of province/s ( <b>International Travellers</b> )	
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 an event with >50 people in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answered yes, please indicate venue and date:
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: 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></b>	
<b><i>This document is to be handed to Port Health Official</i></b>	
To be completed by Port Health Officer: Point of Departure: _____	
Traveller Temperature: _____	Date Traveller Departed from the Country: _____
Port Health Official: (Name and Signature) _____	