



health

Department: Health REPUBLIC OF SOUTH AFRICA



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

TRAVELLER HEALTH QUESTIONNAIRE SCREENING WITHIN SOUTH AFRICA

Traveller details

Form with fields for Name and Surname, Date of Birth, Nationality, Passport No., City and Country of Origin, Date of Arrival, Date of Travel, City and Country travelling to, Flight/Vessel/Bus/ Vehicle Number, Seat Number, Telephone Number, Other Contact Number, Email Address, Physical Address at destination, Physical Address/es during stay, List of areas visited, and Are you travelling in a group?

Section for COVID-19 screening questions: Have you been in contact with a confirmed or suspected case of COVID-19? Have you been to an event with >50 people 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 Departure: \_\_\_\_\_
Traveller Temperature: \_\_\_\_\_ Date of Travel: \_\_\_\_\_
Port Health Official: (Name and Signature) \_\_\_\_\_