health
Department:
Health
REPUBLIC OF SOUTH AFRICA

TRAVELLER HEALTH QUESTIONNAIRE

Traveler details

Name and surname*		
Country or place of origin*		
Passport number		
Occupation*		
Flight/Vessel number/name*		
Seat number*		
Countries visited in the last month*		
Reasons for visiting		
Duration of stay		
Cell in South Africa:	Tel in South Africa*:	e-mail:

Address of place to be visited in South Africa*

Health assessment*

Are you suffering from any of the following symptoms (please tick)

- □ Fever
- □ Diarrhoea
- □ Abdominal pain
- □ Rash
- □ Headache
- □ Muscle pain
- □ Sore throat
- □ Bruising or bleed inside or outside the body
- □ Jaundice (yellow discolouration of eyes and skin)

The traveller hereby certifies that the information he/she has provided is true and that he/she subjects himself/herself to further assessment at a designated health facility (if he/she has any of the signs and symptoms listed above) OR subjects himself/herself to be monitored, either telephonically or physically at the place of destination in South Africa (if he/she does not have any of the signs and symptoms listed below), for development of Ebola symptoms (for a maximum of 21 days); and that he/she will notify health authorities if he/she develops any symptom of Ebola in the 21-day period following his/her suspected ebola exposure date.

Signature of traveller: Date:

FOR OFFICE USE ONLY

Port Health Official details

Name:	Province:	Port of entry:
Tel:	Cell:	E-mail

Health facility details if traveller referred

Name of Health Facility	
Examining clinician	
Tel no. of Facility	

GENERAL COMMENTS:

*** Compulsory information to be completed**

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