



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 section containing 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 a group travel question.

Screening questions section with a header: 'If the traveller answers yes to any of the following questions, please notify Port Health authorities immediately'. It includes questions about COVID-19 contact, events with >50 people, fever, cough, and difficulty breathing, each with Yes/No/Don't know options.

All sections are compulsory and should be completed

Certification section: 'I, _____ herewith certify that the above information is true and correct'. Includes lines for Signature of traveller and 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) _____