



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



**\*To be completed by all travellers who have travelled from affected countries with community transmission of COVID - 19 in the past 14 days.**

TRAVELLER HEALTH QUESTIONNAIRE			
<b>Traveller details</b>			
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			
Airline and Flight Number			
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			
<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?	Yes	No	Don't know
Have you been to any international event in the last 14 days?	Yes	No	Don't know
Have you had fever in the last 14 days?	Yes	No	Don't know
Have you had cough in the last 14 days?	Yes	No	Don't know
Have you had difficulty breathing in the last 14 days?	Yes	No	Don't know
<b>All sections are compulsory and should be completed</b>			

**Key Contact Information:** NDOH website: [www.health.gov.za](http://www.health.gov.za) NICD website: [www.nicd.ac.za](http://www.nicd.ac.za)

**This document is to be handed to Port Health Official**

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**To be Completed by Port Health Officer:**

Point of Entry: \_\_\_\_\_

Traveller Temperature: \_\_\_\_\_

Date Traveller Arrived in the Country: \_\_\_\_\_

Port Health Official: (Name and Signature) \_\_\_\_\_