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| **TRAVELLER HEALTH QUESTIONNAIRE** | | | | | | |
| **Traveller details** | | | | | | |
| Name and surname |  | | | | | |
| Country or place of origin / Nationality |  | | | | | |
| Passport No. / ID No. |  | | | | | |
| Occupation |  | | | | | |
| Flight/Vessel No. / 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: | | |
| Next of kin: Name | Cell: | | | Relationship | | |
| **Address in South Africa:**   |  |  | | --- | --- | | Province: |  | | Town: |  | | Street Address: |  | | | | | | | |
| **Health assessment** | | | | | | |
| Are you suffering from any of the following? (please tick) | | | | | | |
| 1. Fever | | | 1. □Yes □ No | |  | | |
| 2. Vomiting | | | 2. □Yes □ No | |
| 3. Diarrhoea | | | 3. □Yes □ No | |
| 4. Abdominal pain | | | 4. □Yes □ No | |
| 5. Rash | | | 5. □Yes □ No | |
| 6. Headache | | | 6. □Yes □ No | |
| 7. Muscle pain | | | 7. □Yes □ No | |  | | |
| 8. Sore throat | | | 8. □Yes □ No | |
| 9. Bruising or bleeding inside or outside of body | | | 9. □Yes □ No | |  | | |
| 10. Jaundice (yellow discolouration of eyes and skin) | | | 10. □Yes □ No | |  | | |
| Have you been in contact with a person suffering from Ebola/suspected Ebola/severe illness of unknown cause in the last month?  □ Yes □ No □ Unsure | | | | | |
| **INFORMATION ON TRAVELLERS TO AND FROM EBOLA VIRUS DISEASE HIGH RISK COUNTRIES** | | | | | |
| Country of departure | |  | | | |
| Address of residence In departure country | |  | | | |
| Airport of departure | |  | | | |
| Date and time of departure | |  | | | |
| Airport of transit | |  | | | |
| Airport of destination | |  | | | |
| Date and time of arrival | |  | | | |
| Duration of stay in the country of arrival / transit | |  | | | |
| Any other information the Department of Health should know? | |  | | | |

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| 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 above), 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:*** |

**All sections are compulsory and should be completed**

The following information must also be provided when requesting permission to travel:

* South African telephone/cell phone number and South African residential address (if South Africa is the final destination)
* Details of next of kin (if South Africa is the final destination)
* Full motivation for the visit to South Africa

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| **FOR OFFICE USE ONLY** | | | | |
| **Port Health Official details** | | | | |
| Name: | Province: | | Port of entry: | |
| Tel: | Cell: | | E-mail | |
| **Signature:** | | | **Date:** | |
| **Health facility details if traveller referred** | | | | |
| Name of Health Facility |  | Tel no. of facility | |  |
| Examining clinician |  | | | |
| **GENERAL COMMENTS:** | | | | |

***For further information please contact the National Health Operations Centre on 012 395 9636/9637/9354 or*** *email* ***nathoc6@health.gov.za/ nathoc7@health.gov.za/ nathoc8@health.gov.za***