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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:**

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| Province: |  |
| Town: |  |
| Street Address: |  |

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| **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***