



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

PORT HEALTH SERVICES: DURBAN HARBOUR
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06 March 2020

The Chairperson
Mr Peter Basnard
SAASOA

Dear Sir

RE: COMPLETION OF HEALTH QUESTIONNAIRE AND RE-APPLICATION FOR FREE PRATIQUE

In view of the current outbreak in South Africa regarding the Coronavirus, stringent health measures are in place to curb the possibility of the spread of the current pandemic. Urgent assistance is required in the following:-

- making the above health questionnaire available to all masters of vessels entering the port of Durban. These health questionnaires must be completed by all crew and passengers on board the vessels, as well as stamped and signed by the master of the vessel. These documents will be collected by the Port Health Officer boarding the vessel on arrival whereby further health screening measures will be put into place.
- Reapplication of free pratique within 24 to 48 hours prior to the vessel entering the port of Durban. Reapplication of free pratique as per the above request is solely for monitoring and surveillance purposes. There will be no further cost incurred by the master of the vessel or the vessels agent.

At this point in time it is critical that this office is notified of crew and passenger changes of those arriving from foreign countries. Their travel history will assist us in identifying possible risks pertaining to the incubation period of the coronavirus outbreak.

It is advisable that all roleplayers and stakeholders interfacing with foreign vessels practice personal hygiene at all times.

Thanking you for your continuous assistance and support in advance as we are fully aware that working together in the current crisis situation will assist in alleviating any doubts, fears and prevent any possible spread of diseases and promote health.

Thanking you

Yours faithfully

G.D. NAIDOO
Assistant Director
Port Health Services – Durban Harbour

cc: The Port Captains



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***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	
Traveller details	
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	
If the traveller answers yes to any of the following questions please notify Port Health authorities immediately	
Have you been in contact with a confirmed or suspected case of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you been to any international event in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had fever in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had cough in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had difficulty breathing in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
All sections are compulsory and should be completed	

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 Entry: _____

Traveller Temperature: _____

Date Traveller Arrived in the Country: _____

Port Health Official: (Name and Signature) _____