



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

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) _____