

TRAVELLER HEALTH QUESTIONNAIRE

Traveler details		
Name and surname*		
Country or place of origin*		
Passport number		
Occupation*		
Flight/Vessel number/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:
Address of place to be visited in South Africa*		
Health assessment*		
Are you suffering from any of the following symptoms (please tick)		
<input type="checkbox"/> Fever <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Rash <input type="checkbox"/> Headache	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Bruising or bleed inside or outside the body <input type="checkbox"/> Jaundice (yellow discolouration of eyes and skin)	
<p>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 below), 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.</p>		
Signature of traveller:		Date:
FOR OFFICE USE ONLY		
Port Health Official details		
Name:	Province:	Port of entry:
Tel:	Cell:	E-mail
Health facility details if traveller referred		
Name of Health Facility		
Examining clinician		
Tel no. of Facility		
GENERAL COMMENTS:		

* Compulsory information to be completed

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