

Duration of stay Cell in South Africa: Address of place to be visited in South Africa* Reasons for visiting Seat number* Countries visited in the last month* Flight/Vessel number/name* Occupation* Passport number Country or place of origin* Name and surname* Traveler details TRAVELLER HEALTH QUESTIONNAIRE Tel in South Africa*: e-mail:

Health assessment*

Are you suffering from any of the following sympton
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ng symptoms (please tick)
(please
tick)

- DiarrhoeaAbdominal pain
- □ Rash

Headache

- Muscle painSore throat
- □ Bruising or bleed inside or outside the body
 □ Jaundice (yellow discolouration of eyes and skin)

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 himself/herself to be monitored, either telephonically or physically at the place of horself (in the place). OR subjects himself/herself to be monitored, either telephonically or physically at the place of horself (in the place). The place of horself (in the place) of horself (in the place) of horself (in the place) of horself (in the place). The place of horself (in the place) of horself (in

GENERAL COMMENTS: Health facility details if traveller referred Name of Health Facility Name: Examining clinician Port Health Official details Signature of traveller: Cell: Province: FOR OFFICE USE ONLY Port of entry: E-mail Date:



Health REPUBLIC OF SOUTH AFRICA	Department:

- KAVII	TRAVELLER HEALTH QUESTIONNAIRE	NAIRE
Traveler details		
Name and surname*		
Country or place of origin*		
Passport number		
Occupation*		
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Cell in South Africa:	Tel in South Africa*:	e-mail:
Address of place to be visited in South Africa	outh Africa*	
Health assessment*		
Are you suffering from any of the following symptoms (please tick) □ Fever	ollowing symptoms (please tick)	
□ Diarrhoea	- Miscle pain	
Abdominal pain	□ Sore throat	
□ Headache	□ Bruising or bleı □ Jaundice (yello skin)	□ Bruising or bleed inside or outside the body □ Jaundice (yellow discolouration of eyes and skin)
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	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	is true and that he/she subjects has any of the signs and symptoms really 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.	bes not have any of the signs and symp 21 days); and that he/she will notify heal following his/her suspected ebola expos	toms listed below), for development th authorities if he/she develops any ure date.
	FOR OFFICE USE ONLY	Cate.
Port Health Official details		
Name:	Province:	Port of entry:
Tel:	Cell:	E-mail
Health facility details if traveller referred	referred	
Name of Health Facility		
Examining clinician		
GENERAL COMMENTS:		
G T V T C C V V T V T V T		

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