

TRAVELLER HEALTH QUESTIONNAIRE

Traveller 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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