



health

Department: Health
REPUBLIC OF SOUTH AFRICA



To be completed by all travellers leaving from South Africa

TRAVELLER HEALTH QUESTIONNAIRE – EXIT SCREENING FROM SOUTH AFRICA

| | |
|---|--|
| Traveller details | |
| Name and Surname | |
| Date of Birth | |
| Nationality | |
| Passport No. for non-RSA Citizens / ID No. for RSA Citizens | |
| City and Country of Origin (for non-RSA Citizens) | |
| Date of Arrival in South Africa (for non-RSA Citizens) | |
| Date of Departure from South Africa | |
| City and Country travelling to | |
| Flight/Vessel/Bus/ Vehicle Number | |
| Seat Number | |
| Telephone Number at destination (incl. country code) | |
| Other Contact Number in RSA / WhatsApp Number (incl. country code) | |
| Email Address | |
| Physical Address at destination (if multiple destinations please include other addresses on the back of this form) | |
| Physical Address/es during stay in South Africa (if multiple destinations please include other addresses on the back of this form) | |
| List of areas visited during stay in South Africa, including list of province/s | |
| Are you travelling in a group? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number in a group: _____ |
| 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 an event with >50 people in the last 14 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No If answered yes, please indicate venue and date: |
| 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 | |
| I, _____ herewith certify that the above information is true and correct | |
| Signature of traveller: _____ Date _____ | |

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 Departure: _____

Traveller Temperature: _____ Date Traveller Departed from the Country: _____

Port Health Official: (Name and Signature) _____