



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 form with fields for Name and Surname, Date of Birth, Nationality, Passport No., City and Country of Origin, Date of Arrival, Date of Departure, City and Country travelling to, Flight/Vessel/Bus/ Vehicle Number, Seat Number, Telephone Number at destination, Other Contact Number in RSA / WhatsApp Number, Email Address, Physical Address at destination, Physical Address/es during stay in South Africa, List of areas visited during stay in South Africa, Are you travelling in a group?, and COVID-19 screening questions.

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) _____