



*To be completed by all travellers who have travelled from affected countries with community transmission of COVID - 19 in the past 14 days.

TRAVELLER HEALTH QUESTIONNAIRE		
Traveller details	ALTH QUESTIONIANCE	
Name and Surname		
Date of Birth		
Nationality		
City and Country travelling from		
Passport No. for non-RSA Citizens / ID No.		
Date of Arrival in South Africa		
Airline and Flight Number		
Seat Number		
Telephone Number while in South Africa		
Other Contact Number /WhatsApp Number		
Email Address		
Physical Address in South Africa (if multiple destinations please include other addresses on the back of this form)		
List Countries you have travelled to in the past 14 days		
If the traveller answers yes to any of the following	owing questions please notify Port Health author	rities
immediately		
Have you been in contact with a confirmed or suspected case of COVID-19?	☐ Yes ☐ No ☐ Don't know	
Have you been to any international event in the		
last 14 days?	☐ Yes ☐ No ☐ Don't know	
Have you had fever in the last 14 days?	☐ Yes ☐ No ☐ Don't know	
Have you had cough in the last 14 days?	☐ Yes ☐ No ☐ Don't know	
Have you had difficulty breathing in the last 14	☐ Yes ☐ No ☐ Don't know	
days? All sections are compulsory and should be com		
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 Entry:		-
Traveller Temperature:		-
Date Traveller Arrived in the Country:		_
Port Health Official: (Name and Signature)		