



TRAVELLER HEALTH QUESTIONNAIRE

Traveller details section with fields for Name and surname, Country or place of origin, Passport No., Occupation, Flight/Vessel No., Seat number, Countries visited, Reasons for visiting, Duration of stay, Cell in South Africa, Tel in South Africa, E-mail, Next of kin, and Address in South Africa.

Health assessment section with a list of 10 symptoms (Fever, Vomiting, Diarrhoea, Abdominal pain, Rash, Headache, Muscle pain, Sore throat, Bruising or bleeding, Jaundice) and checkboxes for Yes, No, and Unsure.

Question: Have you been in contact with a person suffering from Ebola/suspected Ebola/severe illness of unknown cause in the last month? (Yes/No/Unsure)

INFORMATION ON TRAVELLERS TO AND FROM EBOLA VIRUS DISEASE HIGH RISK COUNTRIES section with fields for Country of departure, Address of residence, Airport of departure, Date and time of departure, Airport of transit, Airport of destination, Date and time of arrival, Duration of stay, and Any other information.

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... Signature of traveller: Date:

All sections are compulsory and should be completed

The following information must also be provided when requesting permission to travel:

- South African telephone/cell phone number and South African residential address (if South Africa is the final destination)
• Details of next of kin (if South Africa is the final destination)
• Full motivation for the visit to South Africa

FOR OFFICE USE ONLY section with fields for Port Health Official details (Name, Province, Port of entry, Tel, Cell, E-mail, Signature, Date) and Health facility details (Name of Health Facility, Examining clinician, Tel no. of facility) and a GENERAL COMMENTS field.