



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 section containing 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, and Are you travelling in a group? with a group size field.

COVID-19 screening questions section with a header: 'If the traveller answers yes to any of the following questions, please notify Port Health authorities immediately'. Questions include: 'Have you been in contact with a confirmed or suspected case of COVID-19?', 'Have you been to an event with >50 people in the last 14 days?', 'Have you had fever in the last 14 days?', 'Have you had cough in the last 14 days?', and 'Have you had difficulty breathing in the last 14 days?'.

All sections are compulsory and should be completed

Certification section: '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) \_\_\_\_\_