



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? Yes 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? Yes No Don't know, Have you been to an event with >50 people in the last 14 days? Yes No, If answered yes, please indicate venue and date:, 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 days? Yes No 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)
