



TRAVELLER HEALTH QUESTIONNAIRE

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

Health assessment section starting with 'Are you suffering from any of the following? (please tick)' and a list of 10 symptoms with Yes/No checkboxes, followed by a question about contact with a person suffering from Ebola/suspected Ebola/severe illness of unknown cause in the last month.

INFORMATION ON TRAVELLERS TO AND FROM EBOLA VIRUS DISEASE HIGH RISK COUNTRIES section with fields for Country of departure, Address of residence in departure country, Airport of departure, Date and time of departure, Airport of transit, Airport of destination, Date and time of arrival, Duration of stay in the country of arrival / transit, and Any other information the Department of Health should know?

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 (if he/she has any of the signs and symptoms listed above) OR subjects himself/herself to be monitored, either telephonically or physically at the place of destination in South Africa (if he/she does not have any of the signs and symptoms listed above), for development of Ebola symptoms (for a maximum of 21 days); and that he/she will notify health authorities if he/she develops any symptom of Ebola in the 21-day period following his/her suspected Ebola exposure date.

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 containing Port Health Official details (Name, Province, Port of entry, Tel, Cell, E-mail, Signature, Date), Health facility details if traveller referred (Name of Health Facility, Examining clinician, Tel no. of facility), and GENERAL COMMENTS.