



health

Department: Health  
REPUBLIC OF SOUTH AFRICA



**\*To be completed by all travellers travelling within South Africa\***

**TRAVELLER HEALTH QUESTIONNAIRE – SCREENING WITHIN 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 Travel within 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you been to an event with >50 people in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If answered yes, please indicate venue and date:
Have you had fever in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had cough in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had difficulty breathing in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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](http://www.health.gov.za) NICD website: [www.nicd.ac.za](http://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 of Travel: \_\_\_\_\_

Port Health Official: (Name and Signature) \_\_\_\_\_