



Traveller details Date of Birth Nationality Passport No. for non-RSA Citizens / ID No. for RSA Citizens City and/or Country of Origin Date of Arrival in South Africa (International Travellers) Date of Dariver from South Africa (International Travellers) City and/or 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) Other Contact Number in RSA / WhatsApp Number (incl. country code) Other Contact Number in RSA / WhatsApp Number (incl. country code) Physical Address at destination (if multiple destinations please include other addresses on the back of this form) Physical Address during stay in South Africa (if multiple destinations please include other addresses on the back of this form) Physical Address during stay in South Africa (if multiple destinations please include other addresses on the back of this form) (International Travellers) List of areas visited during stay in South Africa, including list of province/s (International Travellers) 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 Park No Don't know The traveller answers yes to any of the following questions, please notify Port Health authorities immediately Have you had fever in the last 14 days? Pyes No Don't know All sections are compulsory and should be completed I, have you had dough in the last 14 days? Pyes 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 Official (Name and Singature)	TRAVELLER HEALTH QUESTION	IAIRE – E	XIT SCREE	NING		
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