

**GOVERNMENT OF ZIMBABWE
MINISTRY OF HEALTH AND CHILD CARE**



TRAVELLER SURVEILLANCE FORM (NOVEL CORONAVIRUS)

1. Name:.....D.O.Birth..... Sex..... Temp.....
2. Nationality:Passport No.....Occupation.....
3. Flight Name? No..... Seat No.....
4. Arrival: Date:Point of Entry:
5. Purpose of Visit in Zimbabwe: Resident/Tourist/Transit/Other (*Specify*).....
6. Period of stay in Zimbabwe (days):

7. Contact while in Zimbabwe: Physical address:
 - a.) House no
 - b. If rural area nearest schoolvillage/farm
District.....
Province.....MobileNo:.....
Next of kin in Zimbabwe.....MobileNo:Email:
- ii. Address whilst abroad.....
- iv. Country where the journey started:

8. For the past 21 days (3 weeks) which countries have you visited?

Country	Location visited	Duration (days).....
Country	Location visited	Duration (days).....
Country	Location visited... ..	Duration (days).....
Country	Location visited... ..	Duration (days).....
Country	Location visited... ..	Duration (days).....

9. In the last 21 days (3 weeks) have you:
 - Participated in taking care of the sick person suffering from **Novel Coronavirus**? Yes/No
 - Attended a funeral/burial of anyone suffering from the above? Yes/No
 - Had contact with a sick person/ animal? Yes /No

10. Have you experienced the following health conditions during the last 7 days (1 week)?

	Yes	No		Yes	No
<i>Fever</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Joint/Muscle pain</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Vomiting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Body weakness</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Coughing/Shortness breathing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Unusual bleeding</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Acute rashes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mild flu</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Jaundice</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Paralysis</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Irritability/Confusion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Headache</i>	<input type="checkbox"/>	<input type="checkbox"/>

Date..... **Signature**.....

FOR OFFICIAL USE ONLY

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HEALTH STATUS:

1. *Good*
2. *Suspected*
3. *Temperature.....*

ACTION TAKEN:

1. *Allowed to proceed*
2. *Put Under surveillance (fill passenger locator card)*
3. *Put under isolation/Quarantine*

Name.....

Signature.....

Date.....