

To be completed by all travellers travelling within South Africa

TRAVELLER HEALTH QUESTIONNAIRE - SCREENING WITHIN SOUTH AFRICA	
Traveller details	
Name and Surname	Alison Potts
Date of Birth	Friday, November 18, 1966
Nationality	South Africa
Passport No. for non-RSA Citizens / ID No. for RSA Citizens	6611180177089
City and Country of Origin (for non-RSA Citizens)	NA - South African Citizen
Date of Arrival in South Africa. (for non-RSA Citizens)	NA - South African Citizen
Date of Travel within South Africa	Sunday, October 4, 2020
City and Country Travelling to	Johannesburg, South Africa
Flight/Vessel/Bus/Vehicle Number	FA229
Seat Number	25F
Telephone Number at Destination (incl. Country Code)	0827495480
Other Contact Number in RSA / WhatsApp Number (incl. Country code)	0827495480
Email Address	pottsang@gmail.com
Physical Address at destination (if multiple destinations please include other addresses on the back)	11 Syringa Sands, Tugela Street 271 Glen Marais
Physical Address/es during stay in South Africa (if multiple destinations please include other addresses on the back)	11 Syringa Sands, Tugela Street 271 Glen Marais
List of areas visited during stay in South Africa, including a list of provinces	NA - South African Citizen
Are you travelling in a group? 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?	No
Have you been to an event with >50 people in the last 14 days?	No - ,
Have you had a fever in the last 14 days?	No
Have you had a cough in the last 14 days?	No
Have you had difficulty breathing in the last 14 days?	No
All sections are compulsory and should be completed	
I, Alison Potts 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 of Travel: _____

Port Health Official: (Name and Signature) _____