



HEALTH QUESTIONNAIRE

Name and Surname	
Date Of Birth	
Nationality	
Passport No. Non-RSA Citizens ID No for RSA Citizens	
City and Country of Origin	
Date of Travelling	
City and Country travelling to	
Reason for visit at the airport	
Flight Number / Seat Number	
Telephone Number at destination	
Other Contact Numbers/WhatsApp Number	
Email Address	
Physical Home Address	
Physical Address during stay	
List of areas visit during stay in South Africa	
Are you travelling in a group? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number in group: _____
If the traveller answer yes to any of the following questions, please notify Covid compliance officer	

Do you have any of the following symptoms?

Fever	Yes	NO	Have you been in contact with a confirm or suspected case of COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO
Sore Throat	YES	NO	Have you been to an event with >50 people in the last 14 days? <input type="checkbox"/> YES <input type="checkbox"/> NO
Red Eyes	YES	NO	Original Point of Departure
Head age	YES	NO	Date start of Travelling
Cough	YES	NO	Traveller Temperature
Short of breath	YES	NO	Screener Signature

All sections are compulsory and should be completed

<p>I, _____ herewith certify that the above information is true and correct</p> <p>Signature of traveller: _____ Date: _____</p>
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