



TRAVELLER SURVEILLANCE FORM (CORONAVIRUS)

1. Name: Date of Birth: Age: Sex:
2. Nationality: Passport No: Conveyance Name/No:
3. Arrival: Date: Point of Entry: Seat No:
4. Purpose of Visit in Zimbabwe: Resident/Tourist/Transit/Other (*Specify*):
5. Period of stay in Zimbabwe (*days*):
6. Permanent residential address
7. Contact while in Zimbabwe: Physical address:
 - a. Name of Hotel/ Lodge: Street: Town:
 - b. Mobile No:
 - c. Occupation/Profession
 - d. Next of kin in Zimbabwe: Mobile No:
8. Country where the journey started:
9. For the past 21 days (3 weeks) which countries have you visited?

| | | |
|----------------|-------------------------|---------------------------------|
| Country: | Location visited: | Duration (<i>days</i>): |
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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> | | | <i>Joint/Muscle pain</i> | | |
| <i>Sore throat</i> | | | <i>Diarrhea</i> | | |
| <i>Vomiting</i> | | | <i>Body weakness</i> | | |
| <i>Coughing/Shortness breathing</i> | | | <i>Unusual bleeding</i> | | |
| <i>Acute rashes</i> | | | <i>Mild flu</i> | | |
| <i>Jaundice</i> | | | <i>Paralysis</i> | | |
| <i>Irritability/Confusion</i> | | | <i>Headache</i> | | |

Temperature

FOR OFFICIAL USE ONLY

HEALTH STATUS:

1. *Good*
2. *Suspected*

ACTION TAKEN:

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

QUARANTINE FACILITY

Facility Name:

Name

Signature

Date