

## DATA ENTRY FORM

**Type of Disease**

COVID19
Malaria
Ebola

**Mode of Travel**

Air
Road
Rail

**Flight Number:** .....

**Airline:** .....

**Arrival Date:**...../...../.....

Journey From:.....

Journey To:.....

First Names:.....

Surname:.....

D.O.B:..... Gender:.....

Race:.....

Place of Birth:.....

Marital Status:.....

Nationality:.....

ID No:.....

Passport No:.....

Date of Issue:.....

Date of Expiry:.....

Place of Issue:.....

Occupation:.....

Email Address:.....

Citizenship:.....

Purpose of Visit:.....

Duration of stay:.....

Home Physical Address:.....

Zimbabwe Physical Address:.....

**Next Of Kin**

Relationship:.....

First Name:.....

Surname:.....

Cellphone Number:.....

Physical Address:.....

**Family**

Relationship	First Name (s)	Surname	Cellphone	Physical Address

**Distinguishing marks**

Height:.....cm    Type of Hair:.....    Colour of Hair:.....

Colour of Eyes:.....

Physical Marks:.....

**Contact**

Relationship	First Name (s)	Surname	Cellphone	Physical Address

**Travelling History (past 30 days)**

City	Country

**FOR OFFICIAL USE ONLY**

Quarantine Centre:.....

Date of Entry:.....    Type Of Test: (RRT).....(PCR).....

Testing Date:.....    Centre Duration:.....    Repeat Case: Y.....N.....

Isolation Centre:.....