GOVERNMENT OF ZIMBABWE
MINISTRY OF HEALTH AND CHILD CARE

TRAVELLER SURVEILLANCE FORM (NOVEL CORONAVIRUS)

1. Name……………………………………………………………………………………………………
   D.O. Birth….…………....…. Sex………………Temp……….PCR Test…………Date of PCR…………
2. Nationality: ………………………………….…Passport No………….…………………………………
3. Occupation………………………………………………………………………………………...
4. Flight Name & Number……………………………………………………..Seat Number.………………
5. Arrival: Date: ……………………………….…Point of Entry: ………………….……………………………
6. Purpose of Visit in Zimbabwe: Resident/Tourist/Transit/Other (*Specify*)…...……………………………
7. Period of stay in Zimbabwe (*days*): …………………………………………………………….………
8. Contact while in Zimbabwe: Physical address:
   a.) House Number…………………. ………….…. ……………………………………...………….
   …………………………………………………………………………………………………….
   b. If rural area nearest school….………………………………village/farm ………………………………
   District…………………………………………………………………………………………….
   Province…………………………………………... Mobile Number………………………………….…
   Next of kin in Zimbabwe……………………………………………….………………………….
   Mobile Number: ……………………..……………..…. Email Address……………………………………...

ii. Address whilst abroad………………………………………………………………………………...
   ……………………………………………………………………………………………….…

iv. Country where passenger / signatory is coming from: ……………………………………………………….

9. 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)…..…
10. 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
11. Have you experienced the following health conditions during the last 7 days (1 week)?

	Yes	**No**		**Yes**	**No**
Fever			*Joint/Muscle pain*		
Sore throat			*Diarrhea*		
Vomiting			*Body weakness*		
Coughing/Shortness breathing			*Unusual bleeding*		
Acute rashes			*Mild flu*		
Jaundice			*Paralysis*		
Irritability/Confusion			*Headache*		

Date……….……Signature……………Quarantine Centre……………………………………………………

FOR OFFICIAL USE ONLY

HEALTH STATUS:
1. *Good*
2. *Suspected*
3. *Temperature…………………*

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

Name…………………….... Signature……………………………… Date…………………………….