



**TRAVELLER SURVEILLANCE FORM (CORONAVIRUS)**

1. Name: .....Date of Birth.....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. Contact while in Zimbabwe: Physical address:
  - a. Name of Hotel/ Lodge.....Street..... Town.....
  - b. Mobile No:.....
  - c. Occupation .....
  - d. Next of kin in Zimbabwe.....Mobile No: .....
7. Country where the journey started: .....
8. 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

9. 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**.....