

**GOVERNMENT OF ZIMBABWE
MINISTRY OF HEALTH AND CHILD CARE**



ZIMBABWE

TRAVELLER SURVEILLANCE FORM (NOVEL CORONA VIRUS)

1. Name: D.O. Birth: Sex: Temp:
2. Nationality: Passport No: Occupation:
3. Flight Name? No: Seat No:
4. Arrival Date: Port of Entry:
5. Purpose of Visit in Zimbabwe: Resident/Tourist/Transit/Other (Specify).....
6. Period of stay in Zimbabwe (days):
7. Contact while in Zimbabwe: Physical address:
 - a. House no
 - b. If rural area nearest school village/farm
District
Province Mobile No:
Next of kin in Zimbabwe Mobile No: Email:
- Address whilst abroad:
- Country where the journey started:
8. 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)
Country Location visited Duration (days)
9. 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)?
- 11.

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

Date: Signature:

12. QUARANTINE CENTRE:

FOR OFFICIAL USE ONLY

- | | |
|-----------------------|---------------------------------------------------------|
| HEALTH STATUS: | ACTION TAKEN: |
| 1. Good | 1. Allowed to proceed |
| 2. Suspected | 2. Put Under surveillance (fill passenger locator card) |
| 3. Temperature | 3. Put under isolation/Quarantine |

Name:..... Signature: Date: