



Republic of Botswana

Ministry of Health and Wellness

CORONAVIRUS SCREENING TOOL FOR ENTRY POINT

PERSONAL DETAILS

Name: _____ (if a child, put name of parent/guardian)

Nationality: _____ Age: _____ Sex: _____ Occupation: _____

Country of departure: _____ Date of departure: __ / __ / __ / Flight/Car Reg No. _____

Residential address in Botswana: City/Village: _____ Kgotla: _____

Plot No: _____ Telephone (Home & Cell): _____ Email: _____

Have you been to or passed through countries affected by Coronavirus Epidemic during the last two weeks (14 days)?: Yes: if yes where? _____ No:

Next of kin: _____ Telephone No: _____

Do you have the following symptoms of Coronavirus infection?

Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Runny Nose	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diarrhea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shortness of breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty of Breathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chest pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nausea/vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Irritability/confusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note :

Botswana Public Health Act compels all individuals suspected of infectious diseases to be screened tested. All medical services are provided free of charges.

Date in which the form was filled: _____

Name of officer and Signature: _____