



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>).....
Country.....	Location visited.....	Duration (<i>days</i>).....
Country.....	Location visited.....	Duration (<i>days</i>).....

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.....

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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.....

photo ↓

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:.....

EmailAddress:.....

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

photo

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

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Quarantine Centre:.....

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

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

Isolation Centre:.....