

Temperature.....

MINISTRY OF HEALTH  
PORT HEALTH UNIT



TRAVELER SURVEILLANCE FORM

We will appreciate if you respond to ALL questions.

A: TRAVELLERS INFORMATION.

- Name: ..... Age..... Sex.....
- Nationality: ..... Passport No..... Vessel/Flight/Vehicle Name/No.....
- Arrival Date..... Point of Entry..... Seat no.....
- Purpose of Visit in Zanzibar: Resident/Tourist/Transit/Business/Other (Specify).....
- Duration of stay in Zanzibar (days).....
- Contact while in Zanzibar: Physical/Home address.....
- Hotel name.....  
Street/ward/District.....  
Mobile No..... Email.....
- Country where the journey started: .....
- For the past 21 days (3 weeks) which countries have you visited?  
Country..... Location visited..... Duration .....
- Country..... Location visited..... Duration.....
- Country..... Location visited..... Duration .....
- Do you have the following conditions, or have you experienced them during the last 7 days (1 week) or more?  
Put Yes or No to each condition

	Yes	No		Yes	No
<i>Fever</i>			<i>Joint/Muscle pain</i>		
<i>Swollen glands</i>			<i>Diarrhea</i>		
<i>Vomiting</i>			<i>Body weakness</i>		
<i>Coughing/Shortness breathing</i>			<i>Unusual bleeding</i>		
<i>Skin rash</i>			<i>Flu like symptoms</i>		
<i>Jaundice</i>			<i>Difficulty in</i>		
<i>Swallowing</i>			<i>Flue</i>		
<i>Headache</i>			<i>Chills</i>		
<i>Loss of appetite</i>			<i>Paralysis</i>		

Other specify.....

- In the last 21 days (3 weeks) have you: **Circle Yes or No to each question**
  - Visited/resided in an area with ongoing disease outbreak i.e. Ebola, Corona, or Yellow fever? **Yes/No**
  - Participate in taking care of the sick person with symptoms above (Question 10)? **Yes/No**
  - Participate in the burial of the dead person? **Yes/No**

**Signature of traveler** ..... **Date**.....

**B: PUBLIC HEALTH MEASURES TAKEN (for official use only)**

**ACTION TAKEN:** 1. Allowed to proceed                      2. Sent to Secondary screening

**Name**..... **Signature**..... **Date**.....

In case you feel FEVER and/or one of the following SIGNS AND SYMPTOMS: persistent coughing, persistent vomiting, persistent diarrhea, headache, skin rash, bleeding without previous injury, confusion, flu like symptoms, of swollen glands Please call the Number: 190