

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



TRAVELLER SURVEILLANCE FORM (NOVEL CORONAVIRUS)

1. Name:Age.....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. House no.....Street.....location.....Town.....
 - b. If rural area nearest schoolvillage/farm
District.....Province.....
 Mobile No:..... Next of kin in Zimbabwe.....
 Mobile No:Email:
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>).....
Country	Location visited... ..	Duration (<i>days</i>).....
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)?

	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>		

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

HEALTH STATUS:

1. *Good*
2. *Suspected*

**FOR OFFICIAL USE ONLY
ACTION TAKEN:**

1. *Allowed to proceed*
2. *Put Under surveillance (fill passenger locator card)*
3. *Put under isolation/Quarantine*

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