

**TRAVELER HEALTH QUESTIONNAIRE**

Travelers Details		Health Information
Full names*		Do you have any of the following symptoms? (please tick all that apply) <input type="checkbox"/> Fever <span style="margin-left: 150px;"><input type="checkbox"/> Diarrhea</span> <input type="checkbox"/> Abdominal pain <span style="margin-left: 100px;"><input type="checkbox"/> Bruising or bleeding</span> <input type="checkbox"/> Rash <span style="margin-left: 150px;"><input type="checkbox"/> Cough</span> <input type="checkbox"/> Vomiting <span style="margin-left: 120px;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Headache <span style="margin-left: 100px;"><input type="checkbox"/> Breathing difficulties</span> <input type="checkbox"/> Muscle pain <span style="margin-left: 100px;"><input type="checkbox"/> Shortness of breath</span> <input type="checkbox"/> Jaundice (yellowing of eyes and skin)  Temperature reading .....
Age	Sex	
Country of original departure		
Passport number		
Occupation*		
Flight/Vessel number/name*		
Seat number*		
Countries visited in the last 30 days*		
Reasons for visiting Zambia		
Duration of stay		
Contact Number in Zambia:	Alternative Contact Number:	
E-mail:	Address in Zambia*	

The traveler hereby certifies that the information he/she has provided is true and that he/she subjects himself/herself to further assessment at a designated health facility ( if he/she has any signs and symptoms listed above). If the traveler does not have the symptoms listed above, they must be followed up either by telephone/mobile phone or physically at a place of destination in Zambia for a period of 14 - 21days. In an event that you develop any of the above symptoms within 14 - 21days, please contact the nearest health facility.

**Signature of traveler:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Port Health Official details		
Name:	Province:	Point of entry:
Telephone of Institution:	Mobile Number:	E-mail:
Health facility details if traveler referred		
Name of Health Facility:	Examining clinician:	Tel no. of examining clinician:

**GENERAL COMMENTS:**

