

**UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN**



TRAVELLER SURVEILLANCE FORM

A. TRAVELLER'S INFORMATION

1. Name: Age..... Sex.....
2. Nationality: Passport No..... Vessel/Flight/Vehicle Name/No.....
3. Arrival: Date: Point of Entry: Seat No.....
4. Purpose of Visit in Tanzania: Resident/Tourist/Transit/Business/Other (*Specify*).....
5. Duration of stay in Tanzania (*days*):
Occupational.....
6. Contact while in Tanzania; *Physical address*.....
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 (*days*).....
Country..... Location visited..... Duration (*days*).....
Country..... Location visited..... Duration (*days*).....
Country..... Location visited..... Duration (*days*).....
9. In the last 21 days (3 weeks) have you:
 - i. Visited/Resided in an area with cases/deaths due to Ebola? Yes/No
 - ii. Participated in taking care of the sick person? Yes/No
 - iii. Participated in the burial of the dead person? Yes/No
10. Have you experienced the following conditions during the last 14 days (2 week)?

	Yes	No		Yes	No
<i>Fever</i>			<i>Joint/Muscle pain</i>		
<i>Sore throat</i>			<i>Diarrhoea</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>Headache</i>			<i>Chills</i>		
<i>Body ache</i>			<i>Others (specify)</i>		

Signature of the Traveller..... **Date**.....

B. HEALTH STATUS AND PUBLIC HEALTH MEASURES TAKEN (*for official use only*)

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*

Name.....

Signature.....

Date.....

Contacts.....

Email.....


