Ministry of health

REPUBLIC OF ZAMBIA

TRAVELER HEALTH QUESTIONNAIRE

Traveler's details		Health Information
Full names*		Do you have any of the following symptoms? (please tick all that apply)
Age	Sex	☐ Fever ☐ Diarrhea
Country of original departure		☐ Abdominal pain
Passport number		☐ Rash ☐ Bruising or bleeding
Occupation*		☐ Vomiting ☐ Cough
Flight/Vessel number/name*		☐ Headache ☐ Sore throat
Seat number*		☐ Muscle pain ☐ Breathing difficulties
Countries visited in the last 30 days*		☐ Shortness of breath
Reasons for visiting Zambia		☐ Jaundice (yellowing of eyes and skin)
Duration of stay		
Contact Number in Zambia:	Alternative Contact Number:	Temperature reading……..
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 – 21 days. In an event that you develop any of the above symptoms within 14 – 21 days, 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:		

Ministry of Health

REPUBLIC OF ZAMBIA

TRAVELER HEALTH QUESTIONNAIRE

Traveler's details		Health Information
Full names*		Do you have any of the following symptoms? (please tick all that apply)
Age	Sex	☐ Fever ☐ Diarrhea
Country of original departure		☐ Abdominal pain
Passport number		☐ Rash ☐ Bruising or bleeding
Occupation*		☐ Vomiting ☐ Cough
Flight/Vessel number/name*		☐ Headache ☐ Sore throat
Seat number*		☐ Muscle pain ☐ Breathing difficulties
Countries visited in the last 30 days*		☐ Shortness of breath
Reasons for visiting Zambia		☐ Jaundice (yellowing of eyes and skin)
Duration of stay		
Contact Number in Zambia:	Alternative Contact Number:	Temperature reading ……..
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 – 21 days. In an event that you develop any of the above symptoms within 14 – 21 days, 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:		