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

TRAVELLERS' SURVEILLANCE FORM

This is a form with questions that will assist to prevent highly communicable diseases such as Ebola.
We will appreciate if you respond to *ALL* questions.

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*): ……
6. Contact while in Tanzania;
   Physical/Home address…….……*Hotel name*……
   Street/Ward/District……..
   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/Province……Date……..No. of *days*……..
   Country……Location visited/Province……Date……..No. of *days*……
   Country……Location visited/Province……Date……..No. of *days*……

9. Do you have the following conditions or experienced them during the last 7 days (1 weeks)?
   Put Yes or No to each condition;

	Yes	No		Yes	No
Fever			*Joint/Muscle pain*		
Swollen glands			*Diarrhea*		
Vomiting			*Body weakness*		
Coughing/Shortness breathing			*Unusual bleeding*		
Skin rash			*Flu like symptoms*		
Jaundice			*Difficulty in swallowing*		
Headache			*Chills*		
Loss of appetite			*Paralysis*		
			Others (specify)	_____	

10. In the last 21 days (3 weeks) have you: ***Put Yes or No to each question***
    i. Visited/resided in an area with ongoing disease outbreak i.e Ebola, Corona or Yellow fever? **Yes/No**
    ii. Participated in taking care of the sick person with symptoms above (Question 9)? **Yes/No**
    iii. Participated in the burial of the dead person? **Yes/No**

Signature of the 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, Swollen glands, appearing obviously unwell
Please call Toll Free Number;
0800110124 or **0800110125**