## 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 <u>ALL</u> questions.

A.	TRAVELLER'S INFORMATION					
1. 2. 3. 4.	Nationality: Passport NoVessel/Flight/Vehicle Name/No  Arrival: Date: Point of Entry: Seat No					
5.	Duration of stay in Tanzania (days):					
6.						
	Physical/Home address					
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?					
10 00 V V V V V V V V V V V V V V V V V						
	CountryLocation	on visited/Pro	vinceD	ate	No. of days	
	Country					
	CountryLocation	on visited/Pro	vinceD	atel	No. of days	
9.	Do you have the following cond	ditions or evn	erienced them during the	Jost 7 days (4	woolso\2	
٠.	Do you have the following conditions or experienced them during the last 7 days (1 weeks)? Put Yes or No to each condition;					
	Fever	Yes No	7	Yes No		
	Swollen glands		Joint/Muscle pain			
	Vomiting		Diarrhea			
			Body weakness			
	Coughing/Shortness breathing Skin rash		Unusual bleeding			
	Jaundice		Flu like symptoms			
	Headache		Difficulty in swallowing Chills		21	
	Loss of appetite		Paralysis			
	Loos of appoints		Others (specify)			
			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						
Telephone Management and Control of the Control of						
Signature of the traveler						
B. PUBLIC HEALTH MEASURES TAKEN (for official use only)						
ACT	ACTION TAKEN: 1. Allowed to proceed 2. Sent to secondary screening					
	2. Cont to decondary derecting					
Nai	me	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;