## TRAVELER HEALTH QUESTIONNAIRE

### Traveler’s details
- Full names *
- Age
- 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:

### Health Information
Do you have any of the following symptoms? (please tick all that apply)
- ☐ Fever
- ☐ Diarrhea
- ☐ Abdominal pain
- ☐ Bruising or bleeding
- ☐ Rash
- ☐ Cough
- ☐ Vomiting
- ☐ Sore throat
- ☐ Headache
- ☐ Breathing difficulties
- ☐ Muscle pain
- ☐ Shortness of breath
- ☐ Jaundice (yellowing of eyes and skin)

Temperature reading: ________________

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:** __________________________

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## 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:
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