

Det skal utfylles et innreiseskjema for å reise til Sør-Afrika. Lenken er øverst på siden. Skriv den ut og utfyll den



<https://www.airports.co.za/Documents/ENTRY%20SCREENING%20THQ.pdf>



TRAVELLER HEALTH QUESTIONNAIRE- ENTRY SCREENING	
Traveller details	
Name and Surname	
Date of Birth	
Nationality	
City and Country travelling from	
Passport No. for non-RSA Citizens / ID No.	
Date of Arrival in South Africa	
Flight/Vessel/Bus/ Vehicle Number	
Seat Number	
Did you change seat during the trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	New Seat number _____
Telephone Number while in South Africa	
Other Contact Number /WhatsApp Number	
Email Address	
Physical Address in South Africa (if multiple destinations please include other addresses on the back of this form)	
List Countries you have travelled to in the past 14 days	
Are you travelling in a group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number in a group: _____

By og land du reiser fra

Passnummer
Flynummer

Setenummer

Har du byttet sete under turen? – **Yes/Ja** eller **No/Nei**

Andre kontaktnummer

Land som du har besøkt, de siste 14 dagene

Reiser du i en gruppe – **Yes/Ja** eller **No/Nei**

Antall reisende i bestillingen

Fullt navn

Fødselsdato

Nasjonalitet

Ankomstdato til Sør-Afrika

Nyt setenummer

Telefonnummer i Sør-Afrika

E-postadresse

Din adresse i Sør-Afrika, skal du bo flere steder, kan de skrives på baksiden

Har du deltatt i et internasjonalt arrangement, de siste 14 dagene.
Yes/Ja eller **No/Nei**

Har du vært i kontakt med en smittet Covid-19 person?
Yes/Ja, No/Nei eller **Don't know/Vet ikke**

Har du hatt feber, de siste 14 dagene.
Yes/Ja eller **No/Nei**

If the traveller answers yes to any of the following questions please notify Port Health authorities immediately		
Have you been in contact with a confirmed or suspected case of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you been to any international event in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had fever in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had cough in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had difficulty breathing in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All sections are compulsory and should be completed		
I, _____ herewith certify that the above information is true and correct		
Signature of traveller: _____ Date _____		

Har du hatt problemer med værtrekningen de siste 14 dagene

Har du hostet, de siste 14 dagene.
Yes/Ja eller **No/Nei**

Skriv navnet ditt, for å vedkjenne, at opplysningene du har gitt er korrekte

Key Contact Information: NDOH website: www.health.gov.za NICD website: www.nicd.ac.za

This document is to be handed to Port Health Official

To be Completed by Port Health Officer:

Point of Entry: _____

Traveller Temperature: _____

Date Traveller Arrived in the Country: _____

Port Health Official: (Name and Signature) _____

Underskrift og dato