



DISEASE SURVEILLANCE FORM

Arrival Form (Visitors and Returning Residents)

Date: _____ Flight No./ Car Reg.: _____

Point of Entry: _____ Seat No.: _____

1. Name: _____

Contact No.: _____ Passport No.: _____

2. Age in years (please tick):

Under 5	<input type="checkbox"/>	15 - 19	<input type="checkbox"/>	30 - 34	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>
5 - 9	<input type="checkbox"/>	20 - 24	<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	50+	<input type="checkbox"/>
10 - 14	<input type="checkbox"/>	25 - 29	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>		<input type="checkbox"/>

3. Sex (please tick):

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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4. Recently visited country/ transited in the last 21 days:

Country	No. of days spent

5. Destination in Swaziland

Physical address: _____

Contact No.: _____

Country of residence: _____

6. Do you have any of the following symptoms (please tick):

Signs & Symptoms	Yes	No
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding (with no injury)	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>

Signs & Symptoms	Yes	No
General Body Pains	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea (bloody)	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you been vaccinated for the following:

Disease	Yes	No
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>
Malaria (Prophylaxis)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

8. Nearest health facility in Swaziland (if Known) _____

*In line with the Internal Health regulations (IHR) 2005. The Ministry of Health request all returning residents and visitors to fill this form.

*The information collected will be treated with strict confidentiality.