



DISEASE SURVEILLANCE FORM

Arrival Form (Visitors and Returning Residents)

Date: DD/MM/YYYY

Point of Entry.....

If using a flight:

Flight No.....

Seat No.....

Demographics

Surname.....

Name.....

Sex: Male Female

Date Of Birth: DD/MM/YYYY

Country of residence:.....

Destination Eswatini:.....

Contact no:.....

If Swazi provide National ID:

.....

If None-Swazi provide Passport no:

.....

History of Travel & Vaccines Status

Countries you have traveled in the last 21 days

1.....

2.....

3.....

4.....

Have you been vaccinated for COVID-19? Yes No

Have you been vaccinated for yellow fever? Yes No

Temperature reading _____C

Symptoms

Do you have any of the following symptoms?

- Headache
- Runny nose
- General body pains
- New skin lesion
- Diarrhea
- Bleeding
- Cough
- Fever
- Sore throat

Other _____

Complete only if traveler has symptoms.

Have you been in contact with a person known or suspected to be having the following?

- Polio
- Monkey pox
- Ebola
- COVID-19
- Measles
- Cholera
- None

For office use:

Screening Outcome

- Referred to RRT/977
- Advised to go to nearest facility

- Referred to on-site clinic
- Proceed straight to Immigration

Additional comments.....

Reporting officer:.....