



MINISTRY OF HEALTH

EBOLA VIRUS DISEASE

Traveler Surveillance Form

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
2. Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Occupation \_\_\_\_\_
3. Arrival Date: \_\_\_\_\_ Point of Entry \_\_\_\_\_ port of departure \_\_\_\_\_
4. Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_ Seat No: \_\_\_\_\_
5. Purpose of travel to Kenya: Resident  Touring  Transit  Business
6. Expected length of stay in Kenya: \_\_\_\_\_
7. Country where this journey started: \_\_\_\_\_
8. Have you been to the Democratic republic of Congo (DRC) in the last 21 days (3 weeks)?  Yes  No

If yes, please write below the exact places (Sub-counties/Counties/Towns) visited.

Place visited \_\_\_\_\_ Duration \_\_\_\_\_

During the last 21 days (3 weeks), have you:

- Participated in taking care of a sick person?  Yes  No
- Participated in the burial of a dead person?  Yes  No

9. Have you experienced any of the following problems during the last one (1) week?

Health Problem	Yes	No		Yes	No
Fever or hotness of the body			Unusual body weakness		
Diarrhea			Unusual bleeding		
Headache			Soreness or pain in the throat		
Muscle pain			Coughing		
Bone pain			Common cold		

Please provide your contact information if you plan to reside in Kenya for a duration exceeding 1 hour.

- Name of your contact person (if not yourself): \_\_\_\_\_
- Village/House number/Hotel: \_\_\_\_\_
- Sub-location/Estate: \_\_\_\_\_
- County: \_\_\_\_\_
- Postal address: \_\_\_\_\_
- Telephone No. of your contact person (if any): \_\_\_\_\_
- Telephone No. you plan to use while in Kenya: \_\_\_\_\_
- Email address: \_\_\_\_\_

**Official Use:**

Temp \_\_\_\_\_ Case classification [ ]

A=Alert S=Suspect P=Probable C=Confirmed N=Non-case NS= Non-suspect

Action taken:

1.Referred \_\_\_ 2. Deported \_\_\_ 3.Quarantined \_\_\_ 4. Other \_\_\_\_\_ (Specify)

Form received and checked by \_\_\_\_\_ date \_\_\_\_\_



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