

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE**



**HEALTH DECLARATION FORM FOR TRAVELLERS ARRIVING FROM OR HAD
DISEMBARKED AT INFECTED AREAS WITH INFLUENZA A (H1N1)**

Surname	Other names
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Flight/ Vessel No:
Passport No	Date of Issue:
Country of current residence	Place of Issue:
Country where your coming from now	Nationality
	Country/Countries visited within 7 days before arrival
Purpose of travel/visit: (Tick where appropriate)	
Returning Resident <input type="checkbox"/>	Prospective Resident <input type="checkbox"/>
Seeking employment <input type="checkbox"/>	Temporary employment <input type="checkbox"/>
Visiting friends and relatives <input type="checkbox"/>	Holiday <input type="checkbox"/>
Business and conference <input type="checkbox"/>	In transit <input type="checkbox"/>
Others (please specify)	
Physical address while in Tanzania	
P.O.Box.....	
.....	
Street	
.....	
Town	
.....	
Tel No.	
.....	
Hotel.....	
...	
Contact Person or Institution	
Period of stay in Tanzania (non Resident)	
Tick as appropriate: Do you have any of the following signs/symptoms	
1. Fever <input type="checkbox"/>	7. Fatigue <input type="checkbox"/>
2. Headache and body aches <input type="checkbox"/>	8. Chills <input type="checkbox"/>
3. Cough <input type="checkbox"/>	9. Sneezes <input type="checkbox"/>
4. Sore throat <input type="checkbox"/>	10. Stuffy nose <input type="checkbox"/>
5. High Body temperature <input type="checkbox"/>	
6. Vomiting and diarrhoea <input type="checkbox"/>	
Have you been in close contact with person(s) who are suspected to have Influenza H1N1 symptoms in the last seven days?	
YES <input type="checkbox"/>	
NO <input type="checkbox"/>	
Date.....	
Signature.....	
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1. GOOD HEALTH STATUS	Action taken:
2. SUSPICIOUS	I. Allowed to proceed
3. VICTIM	II. Put under surveillance
	III. Put under isolation
Name.....	Signature.....
(Port Health Officer)	(Official stamp)
	Date.....