



**MINISTRY OF HEALTH  
EBOLA VIRUS DISEASE  
Traveller 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 following countries in the last 21 days (3 weeks) Yes  No   
Uganda  South Sudan  DRC Congo

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

Country 1:..... place visited.....duration.....

Country 2:.....place visited .....duration.....

Country 3:.....place visited.....duration.....

9. 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

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

Health problem	Yes	No	Health problem	Yes	No
Fever or hotness of the body			Unusual body weakness		
Diarrhoea			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-county/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 identification [ ]

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

Action taken:

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