

DATA ENTRY FORM**Type of Disease**

COVID19
Malaria
Ebola

Mode of Travel

Air
Road
Rail

Flight Number:

Airline:

Arrival Date:

Journey From: Journey To:

First Names Surname:

Alias:

D.O.B Gender: Race:

Place of Birth: Marital Status:

Nationality: ID No:

Passport No: Date of Issue:

Date of Expiry Place of Issue:

Occupation Email Address:

Citizenship: Purpose of Visit:

Duration of stay

Last Physical Address:

Zimbabwe Physical Address:

Next Of Kin

Relationship: First Name

Surname: Cellphone Number.

Physical Address

Family

Relationship	First Name (s)	Surname	Cellphone	Physical Address

If more than the fields above, please use extra paper!

Distinguishing marks

Height: cm Type of Hair: Colour of Hair:

Colour of Eyes:

Physical Marks:

Contact (Associates)

Relationship	First Name (s)	Surname	Cellphone	Physical Address

Travelling History (past 30 days)

City	Country

FOR OFFICIAL USE ONLY

Quarantine Centre:

Date of Entry: Type Of Test: (RRT) (PCR)

Testing Date: Centre Duration: Repeat Case: Y N

Isolation Centre: