



The Republic of Namibia  
MINISTRY OF HEALTH AND SOCIAL SERVICES  
**COVID-19 SURVEILLANCE FORM (Ed.3)**  
(Must be completed by all incoming travelers)

Date of arrival: \_\_\_\_\_ Flight/vessel/name and Reg No: \_\_\_\_\_ Seat No: \_\_\_\_\_

Name & Surname: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Arriving from: \_\_\_\_\_ Contact No: \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

Length of stay in Namibia: **Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_) **Departure Date** \_\_\_\_/\_\_\_\_/\_\_\_\_)

Purpose of travel into Namibia (tourist, returning home) \_\_\_\_\_

Name & Physical address of place of stay in Namibia: \_\_\_\_\_

Contact Number of place(s) of stay in Namibia: \_\_\_\_\_

COVID-19 Negative Test Results: Yes  No

Date of the results: \_\_\_\_/\_\_\_\_/\_\_\_\_

Laboratory Name, City and Country: \_\_\_\_\_

Do you have any of the following signs or symptoms? (Tick as appropriate):

Signs and symptoms	Yes	No
Fever		
Running nose		
Shortness of breath		
Headache		
Cough		
Sore throat		
Other, specify		

Should you experience of the above-mentioned signs or symptoms call the toll-free number **0800100100** or go to the nearest health facility.

Travelers' Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you*