



APPLICATION FORM FOR SELF-QUARANTINE FOLLOWING REPATRIATION

A person returning from another country must quarantine for 10 days. By completing this application, you are confirming that the quarantine facility adheres to the prerequisites for self-isolation/ self-quarantine as stated in the health directions. Completing this application does not by default imply approval of such application. Only on receipt of a written approval can the necessary arrangement for self-quarantine be made. Please submit the following:

- This completed form
- Identity document/passport for each person included in this application
- Motivation for self-quarantine
- If connecting on domestic travel, domestic travel arrangements
- Signed consent form
- Proof of residence
- Itinerary for the past 30 days

To quarantine@health.gov.za. Without the necessary documentation your application would not be considered. Please consult the Approved Guidelines for Quarantine and Isolation for assistance and information on self-quarantine.

PART 1: PERSON REQUESTING SELF-QUARANTINE/ REPRESENTATIVE OF THE GROUP

Surname		Full Name(s)	
Identity Number or Passport number		Contact number	
Email Address			
Country Travelling from:		Flight Number if by Air	
Port of Entry of Arrival		Date and Time of Arrival	
Connecting Domestic Flight details		Reason for Travel (Repatriation, Funeral, Medical etc.)	
Address during Self-Quarantine		Province	
Contact details for the next of kin		Name and Number of Private Physician	

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Please provide information related to travel companions that will be quarantined at the same address.

Surname	Full Names	ID	Contact Number

PART 2: SELF QUARANTINE COMMITMENT

I/we confirm and commit that I/we shall adhere to the following as a person in self-quarantine:

- I shall proceed directly from the point of entry to my place of resident or health facility, which is the place identified and affirmed as per the above.
- I shall wear a face mask from the point of entry to my place of resident or health and when engaging with others at my place of quarantine.
- I shall maintain social distancing and I shall apply general hygiene measures as advised by the PHO
- I have access to the following in the residence where I will be in self-quarantine;
 - Separate bedroom with an on-suite bathroom and toilet that is not shared with another person;
 - Access to a thermometer that will allow for the monitoring of temperature daily;
 - Access to the internet either through a mobile phone or computer to allow reporting symptoms daily;
 - Access to a private physician that can be contacted should you be in need of medical advice or care;
 - Prepared meals which will be served in the room preferably in disposable utensils alternatively separated and washed properly;
 - Support from friends or family that can facilitate the drop off of food and medicine at the gate if I am not able to make use of online shopping facilities and contactless deliveries
- Have no contact with any other person unless for medical care and undertake not to leave home except for medical care, I/we will also restrict my movement activities outside of my room. This includes restricting my movements within the shared spaces of the home and includes not going out to for example, school, work, shops, public areas or using public transport;
- Will inform everyone I/we come into contact with that I/we am in self-quarantine to prevent the spread of the Coronavirus/ COVID-19.

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- Have access to a medical facility should I become ill and am in need of medical assistance;
- Agree to be available to be monitored and visited by COVID-19 Community Health/Field Workers;
- I shall inform the Provincial or District CDC contact person should I experience any of the following signs and symptoms
- Agree to be subjected to quarantine in a government facility, if failed to comply with the above and any other quarantine and isolation rules or refused to comply thereto or violate the above and any other quarantine or isolation rules; and
- I am/ we are also aware that any contravention of the above can lead to legal claims being instituted against me/us for exposing others unduly to the Coronavirus.

Signed at on theof2020

Signature

Full Names

Witness Signature

Full Names

PART 3: TRANSPORTING THOSE UNDER SELF-QUARANTINE

Transportation from the point of entry must be in compliance to requirements stipulated in the Regulations made under section 27(2) of the Disaster Management Act 2002 (Act No. 57 of 2002) and applicable Directions set by the Department of Transport.

Particulars of the persons driving the vehicle

Surname	
Full Name(s)	
ID Number	
Contact phone number/s	
Registration Number	
Type of Vehicle	