



Republic of Botswana

Ministry of Health

MPOX SELF DECLARATION TOOL FOR POINTS OF ENTRY

Purpose of this form:

This form is intended to support public health authorities by allowing arriving travellers to easily provide relevant information pertaining to their health status, particularly with regard to Mpox. Notwithstanding completion of this form, travellers might be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach. The information is intended to be held in accordance with applicable national laws and used only for public health purposes.

DEMOGRAPHIC INFORMATION

Names: _____

Age: _____ Sex: _____ Nationality: _____ Occupation: _____

Country of departure: _____ Date of departure: ____ / ____ / ____ Flight/Car Reg No: _____

Postal address in Botswana: City/Village: _____ Physical address: _____

Contact information: _____ Email: _____

Next of kin: _____ Contact number: _____

SYMPTOMS ASSESMENT

Do you have the following symptoms?

Rash	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Temp: _____
Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Chills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Sore throat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Headache	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Muscle aches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Back pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Low energy or exhaustion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Swollen lymph nodes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Gastrointestinal symptoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Respiratory symptoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

EXPOSURE HISTORY

Travel History

Have you been to or passed through countries affected by Mpox Epidemic during the last three weeks

(21 days)? Yes No

Yes: if yes where? _____

Contact with Infected Individuals

Have you had close contact with anyone diagnosed with or suspected of having Mpox?

Yes No

If yes, describe the nature of contact _____ Date of contact _____

Contact with Animals

Have you had close contact with animals, especially rodents or primates, recently??

Yes No

If yes, describe the nature of contact _____ Date of contact _____

Community Exposure

Have you participated in any gatherings or events where Mpox cases were reported?

Yes No

If yes, describe the nature of the event & location _____ Date of contact _____

Botswana Public Health Act compels all individuals suspected of infectious diseases to be screened.

Date in which the form was filled: _____

Name of officer and Signature: _____