



**health**

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Health  
REPUBLIC OF SOUTH AFRICA



## APPLICATION FORM FOR SELF-QUARANTINE FOLLOWING REPATRIATION

A person returning from another country must quarantine for 14 days.

### PREREQUISITES FOR SELF-QUARANTINE/ ISOLATION

In order to quarantine at your home or a facility of choice, you need to have access to:

- Separate bedroom with an on-suite bathroom and toilet that is not shared with another person;
- Prepared meals to 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 they are not able to make use of online shopping facilities and contactless deliveries
- Access to a thermometer that will allow for the monitoring of temperature daily;
- Access to the internet either through my phone or computer to allow reporting symptoms daily; and
- Access to a private physician that he or she can contact should he or she be in need of medical advice or care; and
- No visitors are permitted to visit the quarantined person.

By completing this application, you are confirming that the quarantine facility adheres to the prerequisites for self-isolation/ self-quarantine as stated above.

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. The completed form along with all of the supporting documentation (copy of your ID/Passport, Itinerary for the past 30 days and any other documents that might support your application) is to be sent to [quarantine@healthpmo.co.za](mailto:quarantine@healthpmo.co.za). Without the necessary documentation your application would not be considered.

### PART 1: DECLARATION OF THE PERSON REQUESTING SELF-QUARANTINE

#### Particulars of the person applying for self-quarantine

<b>Surname</b>	
<b>Full Name(s)</b>	
<b>Identity Number or Passport number</b>	
<b>Email Address</b>	



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<b>Travelling from:</b>	
<b>Flight Number if by Air</b>	
<b>Port of Entry of Arrival</b>	
<b>Planned Date and Time of Arrival</b>	
<b>Connecting Domestic Flight to</b>	
<b>Domestic Flight Number</b>	
<b>Date of domestic flight</b>	
<b>Start date of quarantine</b>	
<b>Contact phone number/s Mobile and landline</b>	
<b>Address during Self-Quarantine</b>	
<b>Province of residence</b>	
<b>Number of bedrooms in household</b>	
<b>Number of persons in household</b>	
<b>Name and relationship of a person living in the same household</b>	
<b>Contact details of the person above (phone numbers)</b>	
<b>Name of Private Physician and their contact number</b>	
<b>If currently in Quarantine at a government identified facility, please provide the name of the facility and room number.</b>	

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

- I will have no contact with any other person unless for medical care;



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- I commit to daily reporting of symptoms using the online application;
- I commit to comply to infection prevention measures that is provided in the general guidelines;
- I undertake not to leave home except for medical care, I 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;
- I will inform everyone I come into contact with that I am in self-quarantine to prevent the spread of the Coronavirus/ COVID-19. This means I will tell the people whom I live with, doctors, care-givers, service providers, etc. that I am in self-quarantine;
- I confirm that I have access to a separate room where I can self-quarantine (ie . no-one else must sleep or spend time in the room during the period of my self-quarantine/ self-isolation);
- I will separate myself from all the people and pets that reside in the home where my self-quarantine room is located. If I have to engage with them, I would use a face mask at all times;
- I will only leave my self-quarantine room if I need to see my doctor and will call my doctor ahead to discuss and plan for my arrival for the medical appointment, before leaving my home;
- I have access to a medical facility should I become very ill and am in need of medical assistance;
- I agree to allow myself to be monitored and visited by COVID-19 Community Health/Field Workers;
- I 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 also aware that any contravention of the above can lead to legal claims being instituted against me for exposing others unduly to the Coronavirus.

Signed at ..... on the .....of .....2020

Signature

Full Names

Witness Signature

Full Names

**PART 2: TRANSPORTING THOSE UNDER SELF-QUARANTINE**

This is to be completed by the person who is going to transport the person of interest from a port of entry, health facility, police station or any other facility prior to starting the self-quarantine period. Where a person of interest is going to make use of their own transport, they are to complete this section.

*PLEASE NOTE:*



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*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**

<b>Surname</b>	
<b>Full Name(s)</b>	
<b>ID Number</b>	
<b>Contact phone number/s</b>	

**Particulars of the vehicle being used**

<b>Registration Number</b>	
<b>Make</b>	
<b>Model</b>	
<b>Color</b>	

I confirm and commit:

- To travel directly from a port of entry, health facility, police station or any other facility to the address of self-quarantine indicated above without making any stops on the way;
- To not expose other passengers to the risk of exposure during this trip; and
- To properly sanitize and decontaminate the vehicle inside and outside after the trip.

If I do not comply to the above, I can be held liable for any claims brought against government or the city due to the exposure of said person to areas of contact.

**Signed at ..... on the .....of .....2020**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Full Names**



**PART 3: PARTICULARS OF THE CONTACTS OF THE PERSON BEING SELF-QUARANTINED/ SELF-ISOLATED**

Please provide particulars of all persons that share the same quarantine address with the person being self-quarantined. If the spaces provided herein is insufficient, please make a copy of this page before completing it and complete both pages.

<b>Surname</b>	
<b>Full Name(s)</b>	
<b>ID Number</b>	
<b>Contact phone number/s</b>	

<b>Surname</b>	
<b>Full Name(s)</b>	
<b>ID Number</b>	
<b>Contact phone number/s</b>	

<b>Surname</b>	
<b>Full Name(s)</b>	
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<b>ID Number</b>	
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<b>Surname</b>	
<b>Full Name(s)</b>	
<b>ID Number</b>	
<b>Contact phone number/s</b>	



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**PART 4: SELF QUARANTINE AS A RESULT OF REPATRIATION AT A FACILITY OF CHOICE**

Mandatory fourteen-days (14-day) of self-quarantine/ self-isolation in a government identified facility is a pre-requisite for repatriation. If a person applies to self-quarantine or to quarantine at a facility of choice the following is to be noted:

I declare that I, (full names as per Identity number/ passport number .....

(Identity number/ passport number: .....) am financially in a position to take full responsibility for all costs associated with quarantine, including accommodation, transfers, food and medical services. I would further adhere to the monitoring requirements as outlined above. I agree to not endanger the lives of other people in South Africa by fully complying to all rules as stated in PART 1 and I agree to fully cooperate with government officials responsible for ensuring the safety of all South Africans.

Signed at ..... on the .....of .....2020

Signature

Full Names

**GENERAL GUIDELINES FOR SELF-QUARANTINE/ SELF-ISOLATION**

Restrict your activities outside of your self-isolation-room and only leave the house if you need to see a doctor and you have called ahead and provided the doctor with the full detail of your COVID-19 risk to the medical staff and the facility.

Separate yourself from the people and pets you share your home with. Stay to your room and maintain a physical distance of at least 2m with others you share the home with. Although pets are not deemed to be carriers of the Coronavirus, sharing contact in terms of petting can pose a risk.

Avoid sharing household items like glasses, cups, utensils, dishes, bedding, towels with other people in the house. Disposal utensils are recommended

Where possible use your own bathroom. You must ensure you disinfect the bathroom after every use to ensure you do not pose a risk to those you share the bathroom with.

Be sure to clean and disinfect all commonly touched surfaces twice-daily.

Take your temperature twice-daily to check for a fever. You should also check your temperature if you start coughing and/ or are experiencing shortness of breath.

Call your doctor or COVID-19 hot line if you experience and symptoms or become ill.



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Put on a facemask when engaging with others in your home. Do not use a face mask twice unless it is reusable and properly washed and sanitised.

Avoid physical contact at all time.

Protect the vulnerable in your home by maintain a physical distance from the elderly, the sick or those suffering from high risk illnesses.

Always comply with strict hygiene protocols. This implies to wash your hands regularly with soap and water and sanitise where necessary. Cough and sneeze into the fold of your elbow or cover your mouth. Throw used tissues into a closed dustbin and dispose of the trash responsibly.

If you have to be admitted to hospital, remember to put on your face mask before the medical team arrives.

The minimum period for self-quarantine is fourteen-days (14 days) consecutively from date of contact or first symptoms, If in doubt about the duration or extent of your self-quarantine, please consult a doctor or call the COVID-19 provincial hotlines:

- Eastern Cape 0800 032 364
- Free State 0800 535 554
- Gauteng 0800 203 886
- KwaZulu-Natal 033 395 2009
- Limpopo 0800 919 191
- Mpumalanga 0800 204 098
- Northern Cape 018 387 5778
- North West 018 391 4000/1/2
- Western Cape 021 483 5624

No visitors are allowed in your self-quarantine room; and household members should also limit the risk to other by not allowing any visitors to the home whilst persons are in self-quarantine in the home.

Wash your laundry thoroughly and where possible the person under self-quarantine should wash and handle their own laundry, remember to always wear a facemask if doing so in shared facilities in the home. If your laundry is done by others, ensure that they are properly protected through wearing disposable gloves and a facemask. Laundry should ideally be washed in hot water, use a detergent where possible and do not shake out the laundry after washing it.

All gloves, facemasks and other disposables should be dealt with in a lined container that is properly sealed before they are disposed of in a responsible manner.

If a person has been tested positive for COVID-19, everyone in the same household is considered to be a close, direct contact with the Coronavirus and should register for self-quarantine as per this document.