

Instrukcja wypełniania formularza przed wyjazdem do Kenii



MINISTRY OF HEALTH Travelers Health Surveillance Form

Providing the following information to a Port Health Officer is required under the Public Health Act CAP 242 of the laws of Kenya, and is being collected as part of public health response to the Corona Virus pandemic.

Kindly note that fields marked with * are required, they must be filled before submitting the form.

First name: * pierwsze imię	Middle name: drugie imię	Last name: * nazwisko		
<input type="text" value="First Name, example Jane"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name, example Doe"/>		
Gender: * wybierz płeć	Date of Birth: * data urodzenia			
<input type="text" value="Select your Gender"/>	<input type="text" value="Select Day"/>	<input type="text" value="Select Month"/>	<input type="text" value="Select Year"/>	
Nationality: * narodowość	Country of Origin: * kraj zamieszkania	Date of Arrival in Kenya: * data przyjazdu		
<input type="text" value="Select Nationality"/>	<input type="text" value="Select Country"/>	<input type="text" value="Day"/>	<input type="text" value="Month"/>	<input type="text" value="Year"/>
ID / Passport Number: * numer paszportu	Phone Number: * numer kontaktowy	Email address: adres mail		
<input type="text" value="National ID or Passport Number"/>	<input type="text" value="+254 * 712 123456"/>	<input type="text" value="Email Address: example@gmail.com"/>		
<small>Select the correct country code first.</small>		<small>Confirmation QR Code will be sent to this email.</small>		
Airline: * linia lotnicza	Flight Number: * numer lotu	Seat Number: * numer siedzenia		
<input type="text" value="Select Airline"/>	<input type="text" value="Flight Number"/>	<input type="text" value="Seat Number"/>		
Destination City: miasto pobytu	Countries Visited: odwiedzone kraje	Fever (37.5°C or higher): * czy masz gorączkę		
<input type="text" value="Destination City, Example: Nairobi"/>	<input type="text" value="Which country have you recently visited?"/>	<input type="text" value="Do you have a fever?"/>		
Feverish: * czy gorączkujesz	Negative Covid19 PCR czy masz negatywny test	Chills: * czy występują dreszcze		
<input type="text" value="Are you feeling feverish?"/>	<input type="text" value="Do you have a Negative PCR certificate?"/>	<input type="text" value="Do you have chills?"/>		
Cough: * czy masz kaszel	Difficulty in breathing: * czy występują problemy z oddychaniem			
<input type="text" value="Do you have a cough?"/>	<input type="text" value="Are you having difficulty breathing?"/>			
Name of Contact Person (Next of Kin): imię i nazwisko osoby do kontaktu	Phone Number of Contact Person: nr tel osoby do kontaktu			
<input type="text" value="Name of your Next of Kin"/>	<input type="text" value="Phone Number of your Next of Kin"/>			
Village/House Number/Hotel: nazwa hotelu	Sublocation/Estate: region	Postal Address: kod pocztowy		
<input type="text" value="Residence"/>	<input type="text" value="Subloaction or Estate"/>	<input type="text" value="Postal Address"/>		

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