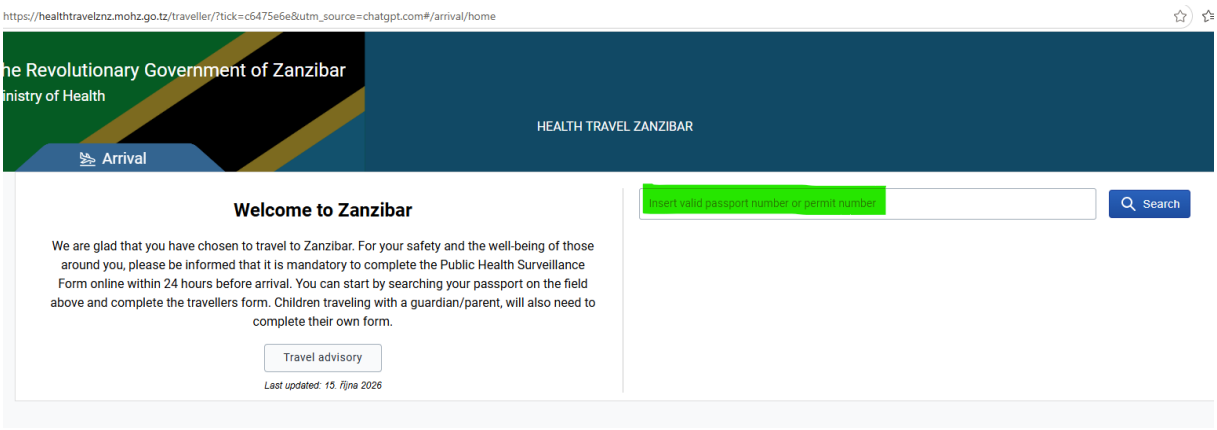
Manuál k vyplnění povinného příjezdového formuláře na Zanzibar.

Vyplňujeme pouze na stránkách [Ministry of Health - Traveler's Health Portal](https://healthtravelznz.mohz.go.tz/traveller/?tick=c6475e6e8&utm_source=chatgpt.com#/arrival/home).

Formulář je nutno vyplnit nejdřív **24 hodin před odletem**.





Trip information

Border Type *

Air

Port of entry *

Abeid Amani Karume International Airport

Arrival date *

20.10.2026

Passport number *

xxxx

Airline Name

2 Travel history

Country Where Journey Started

Country where journey started

Czech Republic

Previous travels

Number of countries in the last 21 days (Put 0 if no any country visited) *

0

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4 Visit purpose and occupation

Visit details

Visiting Purpose *

Tourist

Duration of stay (In days)

Occupation details

Occupation *

Business

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5 Contact while in Zanzibar

Physical address

Hotel name (Select 'Hotel not listed' if you don't see your hotel listed)

Region

District/ Wilaya

Village or Street

Contact details

Namba ya simu *

0777777777

Email/ Barua Pepe *

jan.novak@seznam.cz

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6 Health information

Signs And Symptoms

Any signs or symptoms? *

No

Exposure Questions

Have you taken any medication in the last seven days (1 week)

○ Yes ◉ No

Have you attended any sick person recently

○ Yes ○ No

Have you lived in a household with sick person in the past 7 days

○ Yes ○ No

Have you attended burial services?

○ Yes ○ No

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7 Declaration of filled information

☐ I declare that the information provided is complete and correct to the best of my knowledge. I understand that any false information filled could lead to denial or prosecution in accordance to law. *

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Submit Cancel