

**PART I** **PRE-TRAVEL WORKSHEET (CAO 17 DEC 20)**

CHECK THE APPLICABLE MODES OF TRANSPORTATION

PRIVATE MOTOR VEHICLE      AIRPLANE      BUS      TRAIN      OTHER \_\_\_\_\_

DEPARTURE DATE	FINAL DESTINATION
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PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL

Date	Departure Point	Arrival Point	Length of rest period	Approximate Mileage

**PART II.** **OTHER INFORMATION (LOCAL INFORMATION, GROUP BRIEFINGS, ETC.)**

- (1) Does the member have any signs/symptoms of COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)  
If yes, member must contact the 48 MDG COVID Hotline at 226-8556.
- (2) In the past 14 days, has the member had contact (< 6 ft for more than 15 minutes) with anyone who has had signs and symptoms of COVID-19 ?  
If yes, member must not travel until end of 14-day ROM.
- (3) Is the member familiar with how to self-monitor and actions to take if ill?  
(<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).
- (4) Has the member read and is familiar with all current DoD/USAFE/48 FW Policy regarding COVID-19 travel?
- (5) Does the intended travel itinerary fall outside of the UK COVID 19 TRAVEL CORRIDOR? If so, check [globealidemics.org](https://www.globealidemics.org) for "red" or "orange" locations, which should be avoided.  
(<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>)(<https://globealidemics.org/key-metrics-for-covid-suppression/>)
- (6) For on-island travel, has member checked England COVID Alert Levels and/or local restrictions for the destination? Avoid non-official travel to those areas where prohibited, "Very High" England risk areas, and Tier 3 or 4 risk areas in Scotland; this travel must be approved by the squadron commander.  
(<https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know/>)

Current AFPC guidance may be found on [https://mypers.af.mil/app/answers/detail/a\\_id/46605](https://mypers.af.mil/app/answers/detail/a_id/46605).

(7) Amplifying Details: Reason for travel (Death in family, leisure etc.), COVID-19 Mitigation and Safety plan while traveling and during leave, actions required at completion of travel (quarantine required? If so, member's plan for doing so), and impact to unit (2nd and 3rd order effects).

For travel to destinations listed as travel corridors, validate there are no disqualifying destination entry restrictions

Members Cell Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I understand that if I become COVID + as a result of my negligence or lack of safety measures, I may be subject to potential UCMJ action.**

NAME, GRADE AND ORGANIZATION OF INDIVIDUAL BRIEFED	SIGNATURE OF INDIVIDUAL BRIEFED
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DATE BRIEFED	BRIEF AND REVIEWED/APPROVED BY NCOIC/OIC
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DATE APPROVED	APPROVED BY UNIT/CC
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