

PART I **100 ARW PRE-TRAVEL WORKSHEET (CAO 4 Oct 21)**

CHECK THE APPLICABLE MODES OF TRANSPORTATION

PRIVATE MOTOR VEHICLE AIRPLANE BUS TRAIN OTHER _____

DEPARTURE DATE _____ FINAL DESTINATION _____

PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL

Date (DD MMM YY)	Departure Point	Arrival Point	Length of Stay	7-Day COVID-19 Rate (per 100,000 population)	Destination on England RED list?

Table Info Resources (recommend Chrome browser):
 UK Location Disease Rates: <https://coronavirus.data.gov.uk/details/interactive-map>
 Global Disease Rates: <https://covid.cdc.gov/covid-data-tracker/#global-counts-rates>; click on Your Community/County View for US rates
 England Red/All Other Desination Lists and Rules: <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>

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 appointment line at 226-8010 (01638 52 8010).
- (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 at least 10 days (14 days to the US) after last exposure or return from travel, unless fully vaccinated and without COVID-19 symptoms.
- (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) Is the member at increased risk of severe illness of COVID-19? <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. If yes, do not recommend travel if not fully vaccinated.
- (5) Has the member been fully vaccinated against COVID-19 (completed vaccine series plus 2 weeks)?
- (6) Do any travel destinations have a 7-day case rate of more than 50 per 100,000 population? If yes, reconsider official and avoid non-official travel unless fully vaccinated.
- (7) Travel outside the UK: Are pre-return test and/or post-return ROM required?
 RED List: Requires post-return quarantine at home. Any return travel requires pre-departure (unless exempted) and post-arrival tests that must be arranged by the traveler prior to return, in addition to completion of a passenger locator form. ALL OTHER TRAVEL desinations - pre-return tests and post-return quarantine required for non-fully vaccinated individuals ages 18 and over. <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>
- Consult Wing COVID-19 Directives, the DoD Foreign Clearance Guide (<https://www.fcg.pentagon.mil/>), UK destination guide at (<https://www.gov.uk/foreign-travel-advice>), and airline for pre-departure and return travel advice/requirements and destination restrictions.
- (8) Is a COVID-19 test required prior to travel?
 Schedule travel tests available via providers at <https://www.gov.uk/government/publications/list-of-private-providers-of-coronavirus-testing/list-of-private-providers-of-coronavirus-testing#providers-general-testing>. The 48 MDG does not provide COVID testing to support non-deployment travel.

Individuals who have tested positive and recovered from COVID-19 within the previous 90 days should generally not be retested unless needed. Certain destinations may accept a recovered letter from a healthcare provider in addition to documentation of a positive lab result. Contact Col John Hatfield (john.m.hatfield6.mil@mail.mil) at least 3 duty days in advance of travel if such a letter is required.
- (9) Is COVID-19 vaccination required prior to travel? Fully vaccinated individuals may additionally be exempted from destination travel testing and/or quarantine. Members can access their vaccine record at <https://asimsimr.health.mil/imr/MyImr.aspx>.
- (10) 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/3rd order effects).

Reason for Travel: _____

Mitigation and Safety Plan: _____

Actions/Plan Required Upon Return: _____

Impact to Unit: _____

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
DATE BRIEFED	BRIEF AND REVIEWED/APPROVED BY NCOIC/OIC
DATE APPROVED	APPROVED BY UNIT/CC