

PART I		100 ARW POST-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 (OR DEVIATIONS FROM PRE-TRAVEL WORKSHEET)					
Date (DD MMM YY)	Departure Point	Arrival Point	Length of rest period	Destination on England RED List?	

Table Info Resources (recommend Chrome browser):
 England Red/All Other Destination 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) During travel, 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: 10-day quarantine from the last exposure to the suspected/known positive individual, unless fully vaccinated and without symptoms of COVID-19.
	(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 been fully vaccinated against COVID-19 (completed vaccine series plus 2 weeks)?
	(5) Travel outside the UK: Did the travel itinerary include a red-list country? If yes, this will require managed quarantine in at home. Any return travel requires pre-departure (unless exempted) and post-arrival tests that must be arranged by the traveler prior to return. ALL OTHER TRAVEL destinations - 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
	(6) Amplifying Details: 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:

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
DATE APPROVED	APPROVED BY UNIT/CC