

**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
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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 <a href="#">RED List?</a>

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.)**

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|  | (1) Does the member have any signs/symptoms of COVID-19? <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a> . 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? <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>   |
|  | (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. <a href="https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england">https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england</a> |
|  | (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
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DATE BRIEFED	BRIEF AND REVIEWED/APPROVED BY
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DATE APPROVED	APPROVED BY UNIT/CC
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