

PART I 100 ARW POST-TRAVEL WORKSHEET (a/o 19 Jul 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 <a href="#">RED or AMBER List?</a>

Table Info Resources (recommend Chrome browser):  
 England Red/Amber/Green Country 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.
- (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) Was there any change in red- or amber-list status for international destinations visited? Validate any changes. If yes: initiate 10 day ROM from date of departure of most recent non-exempt destination.
- (5) Has the member been fully vaccinated against COVID-19 (completed vaccine series plus 2 weeks)?
- (6) Travel outside the UK: Does the intended travel itinerary include a red or amber list country? If yes, this will require managed quarantine in a UK authorized facility (red list) or at home (amber list). *Additionally, DoD requires members quarantine if not fully vaccinated and returning to England on official travel, regardless of "traffic light" status.* Any return travel requires post-arrival tests that must be arranged by the traveler prior to return. <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>
- (7) 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 NCOIC/OIC
--------------	--

DATE APPROVED	APPROVED BY UNIT/CC
---------------	---------------------