

**PART I** **100 ARW POST-TRAVEL WORKSHEET (a/o 6 Apr 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	Departure Point	Arrival Point	Length of rest period	Approximate Mileage

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

- (1) In the last 10 days has the member experienced symptoms of COVID-19?** (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)  
If yes: Isolate and call the 48 MDG appointment line at 226-8010
- (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 ROM from the last exposure to the 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) Do any travel location(s) require ROM IAW UK Guidance? Validate any changes.** (<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>)  
If yes: initiate 10 day ROM from date of departure of most recent non-exempt destination.
- (5) Did traveler(s) adhere to physical distancing, cohort integrity and personal hygiene throughout travel duration?**  
If yes: 10-day self-observation.  
If no: 10-day ROM (discretion of Unit CC, as needed Unit CC may consult with installation PHEO or AF Public Health office).

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).

**(6) 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).**

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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