



**UNITED STATES SOUTHERN COMMAND
9301 NW 33RD STREET DORAL, FL 33172-1202**

OCONUS COVID Travel Checklist

PURPOSE: To be used as an internal approval checklist for all SOUTHCOM HQ staff OCONUS travel. All OCONUS travel by SOUTHCOM personnel now requires GO/FO or SES approval. Therefore, the Authorizing Official (AO) for this checklist should be the first GO/FO or SES in the Requestor's chain of command. SOUTHCOM Chief of Staff is approving authority for J1, J4, J6, and the Chiefs of Special Staff.

PART I – (To be completed by Requestor)

1. Name (<i>Last, First, Middle Initial</i>):		2. Designation of Person:	
3. Job Title and Grade/Rank:		4. Date of Request:	
5. Organization:	6. Official e-mail Address:	7. Phone (<i>DSN or Commercial</i>):	
8. Travel Destination (<i>City, Country</i>):			
9. Departure Date:		10. Return Date:	
11. Justification for travel:			
a. Mission Justification:		b. Mission Impact if Denied:	

PART II – Questionnaire and Acknowledgement of Responsibilities

1. Acknowledgement of Responsibilities:

I understand that I cannot travel if I am feeling any symptoms of COVID-19 or have been exposed to COVID-19 within 14 days of departure.

I understand that I must be tested for COVID-19 within 3 days of departure per FHP14.

I understand that I must be tested for COVID-19 within 3 days of return. This must be arranged prior to travel.

On return, I understand that I am federally mandated to self-quarantine for 7 days, along with the DoD requirements for an additional 7 days (totaling 14 days in quarantine).

I understand that I must follow the testing requirements of my destination country if they are stricter than those mandated by SOUTHCOM.

I understand that testing is my responsibility. I must ensure that my testing paperwork meets the requirements of the country I am traveling to and/or airline I am flying on.

I will wear a mask during all modes of transportation and waiting at hubs per Executive Order.

I will take all precautions to minimize risk of exposure including not participating in social gatherings, going to markets, etc.

I have provided my Authorizing Official with a copy of my itinerary.

For Civilians and Contractors: I understand that if my personal insurance plan does not cover OCONUS care AND aerovac, I must pay for reimbursement of military transportation, if needed.

2. What are the host nation travel requirements for COVID-19?	3. Does the Requestor have a high-risk medical condition?
4. What is the restriction of movement (ROM) plan prior to departure?	5. What is the ROM plan upon return?
6. What is the Requestor's testing plan prior to departure?	7. What is the testing plan prior to return to US?
8. Is the requestor traveling with a thermometer, hand sanitizer, one mask per day of trip, disinfecting wipes, etc.?	9. What is the lodging plan? (e.g. <i>single occupancy</i>)
10. How is the requestor having meals?	11. What transportation is being used in country?

12. What FHP measures are built into the itinerary/logistics to minimize risk of COVID exposure?		
13. Is there adequate space within vehicles to ensure social distancing?	14. What is the quarantine/isolation plan if Requestor becomes sick or exposed? (<i>Travel cannot be approved without a plan.</i>)	
15. Does requestor have a copy of their insurance information?	16. Individual to contact if Requestor becomes sick overseas. Name: Phone #:	
17. For Civilian and Contractors only: Does Requestor's insurance cover OCONUS care AND aerovac, if needed?		
18. Requestor's Signature:	19. Date (YYY-MM-DD):	
PART III — Authorization for Travel by USSOUTHCOM Authorizing Official (<i>First GO/FO or SES</i>)		
1. AO's Name (<i>Print Name</i>):	2. AO's Signature:	3. Date (YYYY-MM-DD):