

SOUTHCOM COVID-19 Travel Request - KLEs for Generals/Flag Officers

Completed forms will be submitted to SOUTHCOM Miami SCJ5 List ALL SCJ54 for J5 expedited coordination & routing to SOUTHCOM leadership for approval. Travel will be limited to mission critical. Note that all references in blue font contain embedded hyperlinks.

Request: _____

Location(s) of OCONUS TDY: _____; [CDC Risk Assessment Level](#): _____

Purpose:

Dates: _____ to _____ (including travel times)

Traveling party: *(Keep to minimum; group should be limited to mission essential)*

Last Name	First Name	Rank	Title	Fully Vaccinated

Departure location: _____

Travel route: _____

Lodging location: _____

List Service specific guidance that applies to TDY:

COVID-19 Risk Mitigation: Screening is required pre-travel (high risk medical conditions, vaccination status, and COVID-19 symptoms/exposure.) Must follow host nation's testing and ROM guidance. Daily Symptom checks are required throughout the trip.

Fully vaccinated individuals (i.e. 2 weeks after completed vaccination series) may be exempt some requirements as noted below by **"VAX EXEMPT"**.

Pre-travel:

- [Country clearance COVID-specific requirements:](#)

- Requirements:

- Pre-travel ROM plan: (Specify any exceptions you have planned) **VAX Exempt**

- Pre-travel testing plan: (Specify time/type. Include enroute testing for multi-country visits.)

- Testing plan prior to CONUS return:

Obligations before and during travel: *Initial each box confirming compliance with the following measures*

- Allocate appropriate PPE/supplies (masks, wipes, hand sanitizer, etc.)
- Have ISOS contact #s on hand in the event medical care is needed while TDY
- Maintain physical distancing, mask wearing, and good hygiene IAW CDC guidance
- Avoid functions that could increase risk (such as social events, if not in accordance with the CDC guidance).

Post-travel:

ROM plan: (Include 7 day federally mandated self-quarantine) **VAX Exempt**

- Testing: (3-5 days post-travel.)

- The party must comply with state, local, and installation guidelines.
- Additional measures: _____

Additional comments:

Date Submitted: _____ POC Name/Phone #: _____

SOUTHCOM Coordination

Office	POC	Concur/Nonconcur	Comments
SDO/DATT			
SG			
J5			
COS			