

**SOUTHCOM COVID-19 Travel Exception to Policy Request - KLEs/Mission Essential TDYs**

Completed forms will be submitted to SOUTHCOM Miami SCJ5 List ALL SCJ54 for J5 expedited coordination & routing to SOUTHCOM leadership for approval. 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

**Departure location:**

**Travel route:**

**Lodging location:**

**List any Service specific guidance that applies to TDY:**

**COVID-19 Risk Mitigation:** Refer to [Force Health Protection Guidance Supplement 12](#) regarding the following: steps to be taken during ROM (Attachment page 1), risk assessment (Attachment pages 1-2) and official travel pre and post ROM requirements (Attachment page 2 and 4)

**Pre-travel:**

- [Country clearance requirements:](#)
  - Standard requirements:
  - If requesting waiver, proposed plan:

- 14-day ROM plan:

- Testing:

- Additional measures:

**During travel: Initial each box confirming compliance with the following measures**

Will adhere to physical distancing recommendations, wear masks, and continuously self-monitor

Will avoid functions that could increase risk (such as social meals)

Will bring appropriate PPE/supplies (masks, wipes, hand sanitizer, etc.)

Will bring ISOS contact #s if medical care needed while TDY

**Post-travel:**

- 14-day ROM plan:

- The party must also comply with state, local and installation guidelines.

- Additional measures:

Note [FHP Supplement #8](#) (page 2) allows asymptomatic personnel to return for mission essential activities if strict compliance with [CDC critical infrastructure employee guidelines](#). This ETP allows for the return to work. It does not shorten the 14 day ROM. ROM intent shall be maintained. Individuals will restrict movement between domicile and official duty location, maintaining safe physical distances from others, and self monitor for symptoms.

Additional comments:

Date Submitted:

POC Name/Phone #:

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**SOUTHCOM Coordination**

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