## USSOUTHCOM HQ Post-Travel Risk Assessment

| 1. Location(s) of travel:  |  |  | 🗆 W  | ithin U.S.  | Foreign Country                  |
|--|--|--|--|---|----------------------------------|
| 2. Mode of travel (check all   | that apply):   | Air (Direct/Nc   | onDirect) 🗆 Pu   | blic Transport  | Private Auto                     |
| 3. To your knowledge, did y<br>symptoms during your trave  |  |  | any person susp  | ected of havin  | g COVID-19 related               |
| 4. Were there any settings i<br>face mask, hand washing, a   |  |  |  | physical distar   | ncing, wearing of a              |
| 5. Have you, traveling partn<br>were you exposed to somec  |  | · ·  |  | onsistent with  | COVID-19 disease or              |
| 6. Are you currently experie   | ancing any sy  |  |  |   |                                  |
|  | chicing any syn  | mptoms of COVIL  | D-19? □ Yes □  | □ No  |                                  |
| 7. Do you understand that y  | /ou need to c  | ontinue to self-m  | nonitor for sympt  | oms of COVID-   | 19 and what actions              |
| <ol> <li>Do you understand that y to take if you fall ill? (This in Yes No</li> <li>Do you plan on testing (or the second secon</li></ol> | you need to c<br>ncludes telew<br>or did you test                                | ontinue to self-m<br>orking & notifyin<br>t) within the 3-5 d  | ionitor for sympt<br>g your superviso  | oms of COVID-<br>r.)  |                                  |
| <ol> <li>Do you understand that y to take if you fall ill? (This in Yes No</li> <li>Do you plan on testing (or the second secon</li></ol> | you need to c<br>ncludes telew   | ontinue to self-m<br>orking & notifyin   | ionitor for sympt<br>g your superviso  | oms of COVID-<br>r.)  |                                  |
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| <ol> <li>Do you understand that y to take if you fall ill? (This in Yes No</li> <li>Do you plan on testing (o requirements) Yes</li> <li>For travel from foreign co</li> </ol>   | you need to c<br>ncludes telew<br>or did you test<br>No                          | ontinue to self-m<br>orking & notifyin<br>t) within the 3-5 o<br>Not Applicable                                    | ionitor for sympt<br>g your supervisor<br>day window post-<br>u are federally ma                 | oms of COVID-<br>r.)<br>-trip? (See belo                                  | ow for                           |
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| <ul> <li>7. Do you understand that y to take if you fall ill? (This in Yes No</li> <li>8. Do you plan on testing (o requirements) Yes</li> <li>9. For travel from foreign co days upon return?</li> </ul>  | you need to c<br>includes telew<br>or did you test<br>No<br>puntry, do yo<br>Yes | ontinue to self-m<br>orking & notifyin<br>t) within the 3-5 o<br>Not Applicable<br>u understand you<br>No<br>atus? | ionitor for sympt<br>g your supervisor<br>day window post-<br>u are federally ma                 | oms of COVID-<br>r.)<br>-trip? (See belo<br>andated to qua                | ow for<br>arantine for a minimun |
| <ul> <li>7. Do you understand that y to take if you fall ill? (This in Yes No</li> <li>8. Do you plan on testing (or requirements) Yes</li> <li>9. For travel from foreign codays upon return?</li> </ul>  | you need to c<br>includes telew<br>or did you test<br>No<br>puntry, do yo<br>Yes | ontinue to self-m<br>orking & notifyin<br>t) within the 3-5 o<br>Not Applicable<br>u understand you<br>No<br>atus? | onitor for sympt<br>g your supervisor<br>day window post-<br>u are federally ma<br>Fully vaccina | oms of COVID-<br>r.)<br>-trip? (See belo<br>andated to qua<br>ated exempt | ow for<br>arantine for a minimun |

Signature of Traveler

Signature of Traveler Supervisor

Date of Counseling: \_\_\_\_\_

Additional Info for Risk Assessment: SOUTHCOM COVID-19 Resource Page (Guidance & FAQs) SOUTHCOM Testing Fact Sheet SOUTHCOM Return to Work Flow Charts Medical Resources: If you are sick CDC Travel Recommendations DoD FHP Guidance

## **Important Additional Precautions for ALL Travelers**

## ALL travelers:

- o Adhere to CDC Travel Guidelines.
- Wear an approved mask per CDC guidance.
- If there are people in the household who did not travel with you, wear a mask and ask everyone in the household to wear masks in shared spaces. Fully vaccinated travelers see <u>CDC Guidance</u>.
- Avoid high risk individuals during and 14 days after travel, unless you are fully vaccinated.
- Monitor those around you for symptoms.
- Seek testing for any symptoms even if mild even if you are fully vaccinated.
- Symptoms of COVID-19 or exposure: Individuals will not return to work at the HQ if exposed to COVID-19 or if any symptoms of COVID-19 are present until cleared by proper medical authority. Asymptomatic, fully vaccinated individuals may be exempt from quarantine post COVID-19 exposure.

## Foreign Country to U.S. travel:

- Fully vaccinated military, civilian, and contractors on orders must test within 3 days prior to departure from foreign country to CONUS per https://www.cdc.gov/quarantine/fr-airline-faqs.html#exemptions.
- Not fully vaccinated personnel or personnel not on orders must test within 1 day prior to departure from foreign country to CONUS.
- Test again 3-5 days after your trip, regardless of vaccination status.
- o 7-day ROM (with negative test on/after Day 5). Fully vaccinated are exempt from ROM.
- U.S. to Foreign Country Travel:
  - Test within 3 days of departure; check Foreign Clearance Guide for specific country requirements.
  - Those who are fully vaccinated may be exempt from testing, if there is no host nation requirement.
  - 7-day pre-travel ROM if not fully vaccinated.
- Travel within U.S. testing:
  - Testing for travel within the U.S. is not required per FHP Supplement #20.
  - ROM for travel within the U.S. is not required; however if you were in contact with a COVID+ individual or have specific concerns please discuss with your supervisor.
  - Comply with all military installation, state and local guidance as well as CDC recommendations.
- Exceptions to Policy (per FHP Supplement #18) for ROM are approved by the SOUTHCOM Chief of Staff.