

AFRICOM AOR TRAVEL MEDICAL SCREENING CHECKLIST

THIS MEDICAL SCREENING IS VALID FOR 30 DAYS FROM DATE ANNOTATED IN PART II
TRAVELER WILL RETAIN AND PROVIDE THIS COMPLETED FORM WHENEVER SEEKING TRAVEL CLEARANCE TO THE AFRICOM AOR

PART I: TRAVELER'S DATA & PERSONAL HEALTH TRAVEL REQUIREMENTS (COMPLETED BY TRAVELER)

NAME: LAST, FIRST, MI,	GRADE	DIVISION / DUTY PHONE	TRAVEL DESTINATION(S):
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PRIOR TO ENTRY INTO THE AFRICOM AOR (TRAVELER READ & INITIAL EACH BOX)

I HAVE NOTIFIED MY PROVIDER OF MY TRAVEL DESTINATION(S) AND I HAVE OBTAINED SUFFICIENT QUANTITIES OF PRESCRIBED ANTI-MALARIAL MEDICATION (No Chloroquine), AND I WILL TAKE AS DIRECTED.		IF I BECOME ILL WITHIN A YEAR AFTER TRAVELING TO THE USAFRICOM AOR, I UNDERSTAND I AM TO SEEK MEDICAL ATTENTION AND INFORM MEDICAL PERSONNEL THAT I HAVE TRAVELED TO AFRICA.	
I HAVE ON-HAND SUFFICIENT QUANTITIES OF MY OTHER CURRENTLY PRESCRIBED MEDICATION(S) AND/OR MEDICAL EQUIPMENT.		I UNDERSTAND I MUST PROVIDE THIS COMPLETED FORM, AS DIRECTED, TO SUPPORT THEATER CLEARANCE TO THE AFRICOM AOR.	
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET AND WILL USE TO PREVENT INSECT BITES.		I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD) STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE (WITHIN LAST 10 YEARS).	
I HAVE OBTAINED A PRE-TREATED BEDNET (IF REQUIRED) AND WILL USE AS NEEDED TO PREVENT INSECT BITES.		I UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.	
I UNDERSTAND I AM NOT TO SWIM IN BODIES OF FRESH WATER OR SEA WATER UNLESS APPROVED BY APPROPRIATE AUTHORITIES, AND IF EXPOSED TO FRESH WATER, I WILL DRY OFF IMMEDIATELY.		I HAVE REVIEWED THE FOOD SAFETY BRIEF AT: HTTP://PHC.AMEDD.ARMY.MIL/PHC%20RESOURCE%20LIBRARY/DEPLOYMENT_FOOD_RISK_BRIEFING.PDF	
I HAVE SUFFICIENT CLOTHING/UNIFORMS TREATED WITH PERMETHRIN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL.		I HAVE REVIEWED THE GENERAL HEALTH COUNSELING BRIEFING AT: http://www.africom.mil/staff-resources/travel-to-africa/general%20health%20counseling	
CIVILIANS/CONTRACTORS (including retired military): I UNDERSTAND THAT I MAY NOT BE SYSTEMATICALLY COVERED BY ANY FORM OF MEDICAL EVACUATION PLAN. I UNDERSTAND MY OPTIONS FOR MEDICAL EVACUATION OUT OF THE AFRICOM AOR.		I HAVE REVIEWED THE FOREIGN CLEARANCE GUIDE (FCG), SECTION VI.E. HEALTH PRECAUTIONS FOR EACH COUNTRY(IES) TO BE VISITED AT: HTTPS://WWW.FCG.PENTAGON.MIL	
FEMALE ONLY: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER			

I ACKNOWLEDGE AND HAVE MET PERSONAL MEDICAL REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR.

TRAVELER'S SIGNATURE: _____

DATE: _____

PART II: MEDICAL SCREENING REQUIREMENTS (Checklist is used to guide screener with AFRICOM requirements)

- MEDICALLY READY IAW SERVICE OR AGENCY GUIDELINES (CONTRACTORS IAW DODI 3020.41)
- "NO" ANSWER(S) MUST BE COMPLETED OR EXEMPTED OR WAIVED (WAIVERS ONLY VIA THE AFRICOM COMMAND SURGEON)
- *FOR WAIVER REQUIREMENT INFORMATION, CONTACT: africom.stuttgart.acsg.mbx.i004-force-health-protection@mail.mil

MEDICAL REQUIREMENTS:	YES	NO	IF NO, DATE COMPLETED, EXEMPTED, WAIVED
VACCINATIONS CURRENT:			
-- HEPATITIS A (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)			
-- HEPATITIS B (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)			
-- TETANUS-DIPHTHERIA (EVERY 10 YRS; ONE TIME ADULT BOOSTER OF TDAP IF NOT PREVIOUSLY RECEIVED)			
-- MEASLES, MUMPS, RUBELLA (Serologic immunity or TWO LIFETIME DOSES ARE REQUIRED if born after 1957)			
-- POLIOVIRUS (SERIES COMPLETE PLUS SINGLE ADULT BOOSTER IS REQUIRED)			
-- SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)			
-- VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)			
-- TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5YS)			
-- MENINGOCOCCAL (EVERY 5 YRS)			
-- YELLOW FEVER (EVERY 10 YRS; LAST DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA)			
-- RABIES / PNEUMOCOCCAL (IF HIGH RISK AND AS NEEDED FOR OCCUPATIONAL EXPOSURE)			
DOES NOT POSSESS A DUTY/DEPLOYMENT LIMITING MEDICAL CONDITION (MEDGUIDE can be found at http://www.africom.mil/newsroom/document/23653/africom-fhp-requirements-medical-guidance)			
PHA CURRENT (MILITARY ONLY) / LAB WORK CURRENT IAW SERVICE GUIDELINES -- HIV, G6PD, TB, DNA			
DENTAL CLASS 1/2 STATUS (MILITARY ONLY)			
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT			
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES			
TRAVELER PRESCRIBED ANTI-MALARIAL MEDICATION PER NCM I ASSESSMENT OF TRANSMISSION RISK			
CAC-ENABLED WEBSITE: https://www.intelink.gov/ncmi/index.php (Note: No Chloroquine)			
FEMALE ONLY: PREGNANCY TESTED (WITHIN 15 DAYS OF TRAVEL) NEGATIVE FOR TRAVEL OF 30 DAYS OR MORE			

THE TRAVELER MEETS MEDICAL SCREENING REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR.

O-6 or equivalent/Supervisor SIGNATURE: _____

DATE: _____