

USAFRICOM TRAVEL MEDICAL SCREENING CHECKLIST

TRAVELER WILL RETAIN AND PROVIDE THIS COMPLETED FORM WHENEVER SEEKING TRAVEL CLEARANCE TO THE AFRICOM AOR. SCREENING IS VALID FOR 120 DAYS FROM PROVIDER SIGNATURE DATE IN PART II*.

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

NAME: LAST, FIRST, MI	GRADE	DIVISION / DUTY PHONE	TRAVEL DESTINATION(S) & DATES:
PRIOR TO ENTRY INTO THE AFRICOM AOR (TRAVELER READ & INITIAL EACH BOX)			
I WILL NOTIFY MY PROVIDER OF MY TRAVEL DESTINATION(S); I WILL OBTAIN SUFFICIENT QUANTITIES OF PRESCRIBED ANTI-MALARIAL MEDICATION; 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 AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.	
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET, PICARIDIN, OR IR3535 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.	
I HAVE OBTAINED A PRE-TREATED BEDNET AND WILL USE TO PREVENT INSECT BITES.		I UNDERSTAND I MUST PROVIDE THIS COMPLETED FORM, AS DIRECTED, TO SUPPORT THEATER CLEARANCE TO 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: HTTPS://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/MEDIA-ROOM/DOCUMENT/30179/GENERAL-HEALTH-COUNSELING	
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 VII.E. HEALTH PRECAUTIONS FOR EACH COUNTRY TO BE VISITED: HTTPS://WWW.FCG.PENTAGON.MIL	
FEMALE ONLY: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.		* Screening validity may be modified per local SOP for unique mission requirements.	
I ACKNOWLEDGE AND HAVE MET PERSONAL MEDICAL REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR.			
TRAVELER'S SIGNATURE: _____			DATE: _____

PART II: MEDICAL SCREENING REQUIREMENTS (COMPLETED BY MEDICAL SCREENER)

- MEDICALLY READY IAW SERVICE OR AGENCY GUIDELINES (CONTRACTORS IAW DODI 3020.41) - "NO" ANSWER(S) MUST BE COMPLETED OR EXEMPTED OR WAIVED (VACCINES NOT WAIVERABLE) - FOR WAIVER REQUIREMENT INFORMATION, CONTACT: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil			
	YES	NO	IF NO, DATE COMPLETED
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 AND COUNTRY-SPECIFIC REQUIREMENTS)			
-- SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)			
-- VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)			
-- TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5 YRS)			
-- MENINGOCOCCAL (EVERY 5 YRS)			
-- YELLOW FEVER (DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA; SEE ACI 4200.09A)			
-- RABIES (AS NEEDED FOR OCCUPATIONAL EXPOSURE, OTHER EXPOSURE RISK, OR HRIG UNAVAILABLE)			
CURRENT PHA / Physical (Military / Civilian) LAB WORK CURRENT IAW SERVICE GUIDELINES			
DENTAL CLASS 1/2 STATUS (MILITARY ONLY) / Current dental screening IAW ACI 4200.09A (Civilian)			
DOES NOT POSSESS A DUTY/DEPLOYMENT-LIMITING MEDICAL CONDITION IAW ACI 4200.09A IF NEEDED, USE AC FORM 43, MEDICAL WAIVER REQUEST: HTTPS://WWW.AFRICOM.MIL/STAFF-RESOURCES/MEDICAL-WAIVER-PROCESS			
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT			
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES			
TRAVELER PRESCRIBED MALARIA CHEMOPROPHYLAXIS PER NCMII OR TRAVAX ASSESSMENT OF TRANSMISSION RISK: HTTPS://WWW.NCMI.DETRICK.ARMY.MIL OR HTTPS://WWW.TRAVAX.COM (Note: No Chloroquine)			
FEMALE ONLY: PREGNANCY TEST NEGATIVE (WITHIN 30 DAYS OF TRAVEL) FOR TRAVEL OF 30 DAYS OR MORE			
THE TRAVELER MEETS MEDICAL SCREENING REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR PER ACI 4200.09A			
Provider SIGNATURE: _____	DATE: _____		