## UNCLASSIFIED

## **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 & PERSON	NAL HEALTH TRAVEL RE	QUIREMENTS (COMPLETED BY TR	AVELER)					
NAME: LAST, FIRST, MI	GRADE	DIVISION / DUTY PHONE	TRAVEL	DESTI	NATIO	N(S) & DA	ES:	
			<u>-</u>					
PRIOR TO EN	TRY INTO THE AFRI	COM AOR (TRAVELER READ & I	NITIAL EACH	вох)				
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 HAVE REVIEWED THE GENERAL HEALTH COUNSELING BRIEFING AT: GENERAL HEALTH COUNSELING						
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET, PICARIDIN, OR IR3535 AND WILL USE TO PREVENT INSECT BITES.		I HAVE ENROLLED IN THE DEPARTMENT ENROLLMENT PROGRAM	I HAVE ENROLLED IN THE DEPARTMENT OF STATE SMART TRAVELER ENROLLMENT PROGRAM					
I HAVE SUFFICIENT CLOTHING/UNIFORMS/BEDNETS/ TREATED WITH PERMETRHIRN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL IF DEPLOYING OR GOING TDY TO A FIELD SETTING.		I HAVE REVIEWED THE FOREIGN CLEARANCE GUIDE (FCG), SECTION VII.E. HEALTH PRECAUTIONS FOR EACH COUNTRY TO BE VISITED: HTTPS://WWW.FCG.PENTAGON.MIL						
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 SHORELINE TRAVAX (https://www.travax.com/) OR US CDC TRAVEL PLANNER(TRAVEL PLANNER) FOR COUNTRY SPECIFIC MEDICAL RISKS INCLUDING FOOD AND WATER-BORNE ILLNESS AS WELL AS HEALTH AND SAFETY NOTICES.						
I UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.		I HAVE DISCUSSED THIS TRAVEL WITH M OR DUTY LIMITING CONDITIONS.	I HAVE DISCUSSED THIS TRAVEL WITH MY HEALTH CARE PROVIDER INCLUDING ANY PROFILES OR DUTY LIMITING CONDITIONS.					
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.		TRAVELING WITH APPROPRIATE DOCUM	I AM FULLY VACCINATED FOR COVID-19 PER CDC AND/OR WHO GUIDELINES AND TRAVELING WITH APPROPRIATE DOCUMENTATION, TO INCLUDE COVID-19 VACCINE CARD OR OTHER ACCEPTABLE PROOF OF IMMUNIZATION, IF REQUIRED BY HN					
FEMALE ONLY: I HAVE DISCUSSED MY PREGNANCY STA SCREENER.	ATUS WITH THE MEDICAL	UNLESS EXEMPT BY ACI 4200.09B OR FO						
PART II: MEDICAL SCREENING REQU - MEDICALLY READY IAW SERVICE OR AGENCY - "NO" ANSWER(S) MUST BE COMPLETED OR BE	GUIDELINES (CONTRACTOR							
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- FOR WAIVER REQUIREMENT INFORMATION,	•	CINES NOT WAIVERABLE UNLESS NOT RE	•			IF I	IO.	
- FOR WAIVER REQUIREMENT INFORMATION,	•	CINES NOT WAIVERABLE UNLESS NOT RE	ail.mil	ES	NO	IF I		
- FOR WAIVER REQUIREMENT INFORMATION, VACCINATIONS CURRENT:	, CONTACT: africom.stuttgart.	CINES NOT WAIVERABLE UNLESS NOT REGREES AND REGREES AN	ail.mil	ES	NO			
- FOR WAIVER REQUIREMENT INFORMATION,  VACCINATIONS CURRENT:  - HEPATITIS A (SERIES COMPLETE OR FIRE	, CONTACT: africom.stuttgart.	CINES NOT WAIVERABLE UNLESS NOT REGACES, mbx.j004-force-health-protection@m	ail.mil	ES	NO			
- FOR WAIVER REQUIREMENT INFORMATION, VACCINATIONS CURRENT:	RST DOSE AT LEAST 14 DA	CINES NOT WAIVERABLE UNLESS NOT RECACES.mbx.j004-force-health-protection@m  YS PRIOR TO TRAVEL) YS PRIOR TO TRAVEL)	ail.mil Y	ES	NO			
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