## 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 & PERS	GRADE		•	TINIATIO	ONI/C) & DATEC	
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PRIOR TO	ENTRY INTO THE AFRIC	OM AOR (TRAVELER READ & INITIAL	ЕАСН ВО	x)		
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 OF STATE SMART TRAVELER ENROLLMENT PROGRAM				
I HAVE SUFFICIENT CLOTHING/UNIFORMS/BEDNETS/ TREATED WITH PERMETHRIN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL IF DEPLOYING OR GOING TDY TO A FIELD SETTING.		I HAVE REVIEWED THE ELECTRONIC FOREIGN CLEARANCE GUIDE (EFCG), 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 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.		I HAVE REVIEWED THE LATEST CDC COVID-19 GUIDELINES AND WILL ADHERE TO ANY COVID-19 RELATED HOST NATIONS REQUIREMENTS FOUND IN THE EFCG.				
PREGNANCY TEST: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.		UNLESS EXEMPT BY ACI 4200.09 OR EFCG, I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD) STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE				
I ACKNOWLEDGE AND HAVE MET PE	RSONAL MEDICAL REQUIREME	NTS FOR ENTRY INTO THE AFRICOM AOR.				
TRAVELER'S SIGNATURE:			DATE:			
PART II: MEDICAL SCREENING R	EQUIDEMENTS (COMPLETE	D DV 445D4644 CCD55445D				
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