

COVID-19 HOTLINE Travel Risk Assessment Tool V3

TRAVELER RISK MANAGEMENT TOOL - Ask the following questions to determine need for quarantine

Use the following sites to assess associated risk with travel:

- 1) <https://afit.shinyapps.io/covid19/>
- 2) <https://coronavirus.jhu.edu/us-map>

1) What is the traveler's mode of transportation:

- If commercial (airplane, bus, train) : proceed to question #2
- If personal travel (POV or rental car): proceed to question #2

2) Has the member had contact (<6ft for more than 15 mins) with anyone showing symptoms of COVID?

- If YES: member needs to call PH hotline to discuss potential exposure
- If NO, have they been experiencing any symptoms (fever, Shortness of Breath, chills/ Nausea, cough)?
 - If YES: recommend AGAINST travel at this time
 - If NO: proceed to question #3

3) Reviewed high risk areas that could affect travel?

- Does your travel plan include high risk areas?
 - If member is taking leave in a high risk area: Quarantine will be determined when you contact Public Health

4) List Itinerary:

5) Will traveler meet with family/friends who do not live in their immediate household?

- If YES: WILL REQUIRE QUARANTINE if all parties do NOT wear mask and social distance. If able to adhere to guidance, then no quarantine is required. Sign form and submit to supervisor
- If NO: Sign form and submit to supervisor.

6) Prior to returning to the local area, traveler is required to contact the Public Health Hotline: (575) 784-4926

Member's Signature

Supervisor's Signature

PART I **AFSOC TRAVEL ITINERARY**

CHECK THE APPLICABLE MODES OF TRANSPORTATION

PRIVATE MOTOR VEHICLE AIRPLANE BUS TRAIN OTHER _____

DEPARTURE DATE	FINAL DESTINATION
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PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL

Date	Departure Point	Arrival Point	Length of rest period	Approximate Mileage

PART II. **OTHER INFORMATION (LOCAL INFORMATION, GROUP BRIEFINGS, ETC.)**

Commanders and supervisors will conduct a risk assessment of the health status and travel itinerary for personnel requesting leave. (https://mypers.af.mil/app/answers/detail/a_id/46605) Personnel should not travel if they display a fever or other symptoms consistent with COVID-19 or if they have had close contact with someone who has tested positive for COVID-19 within the past 14 days.

DoD personnel will comply with any DoD, Federal, State, and local restrictions while in a leave status.

Commanders and supervisors risk assessments should, at a minimum, include a review of State and Local restrictions and pre and post-travel health status assessment and travel screening. The health status assessment and travel screening should include the following:

- (1) Does the member have any signs/symptoms of COVID-19** (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- (2) Has the member had contact (< 6 ft for more than 15 minutes) with anyone who has had signs and symptoms of COVID-19?**
- (3) Is the member familiar with how to self-monitor and actions to take if ill?** (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Updated guidance may be found on https://mypers.af.mil/app/answers/detail/a_id/46605. Commanders and supervisors will establish a means of communication with all Service members throughout the period of leave and the post-travel process, as well as prescribing actions for their particular circumstances.

ACTION: COVID 19 Mitigation and Safety plan while traveling and during leave/2nd and 3rd order effects/Actions required at completion of Travel and Impacts:

Members Cell Phone #: _____

Emergency Contact #: _____ Name: _____ Relationship: _____

I understand that if I become COVID + as a result of my negligence or lack of safety measures, it may result in potential UCMJ action.

NAME, GRADE AND ORGANIZATION OF INDIVIDUAL BRIEFED

DATE BRIEFED	SIGNATURE OF INDIVIDUAL BRIEFED
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BRIEF AND REVIEWED BY