

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