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	UNIT / 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 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), SECTIONS 1.A/B.3.b.5 MEDICAL ASSESSMENT AND 1.C.2 HEALTH, MEDICAL ALERTS, IMMUNIZATIONS 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.		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	
PREGNANCY TEST: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.			

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, EXEMPTED OR WAIVED (VACCINES NOT WAIVERABLE UNLESS NOT REQUIRED)**
- **FOR WAIVER REQUIREMENT INFORMATION, CONTACT:** africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil

VACCINATIONS CURRENT:	YES	NO	COMMENTS
*YELLOW FEVER (DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA; Review the **FCG** for ETP)*	☐	☐	
TETANUS-DIPHTHERIA (EVERY 10 YRS; ONE TIME ADULT BOOSTER OF TDAP IF NOT PREVIOUSLY RECEIVED)	☐	☐	
VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)	☐	☐	
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)	☐	☐	
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)	☐	☐	
MENINGOCOCCAL (EVERY 5 YRS)	☐	☐	
TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5 YRS)	☐	☐	
RABIES (AS NEEDED FOR OCCUPATIONAL EXPOSURE, OTHER EXPOSURE RISK, OR HRIG UNAVAILABLE)	☐	☐	
PNEUMOCOCCAL (Indicated for high risk health conditions)	☐	☐	
CURRENT PHA / Physical (Military / Civilian)	☐	☐	
LAB WORK CURRENT IAW SERVICE GUIDELINES	☐	☐	
DENTAL CLASS 1/2 STATUS (MILITARY ONLY) / Current dental screening IAW ACI 4200.09 (Civilian)	☐	☐	
SCREENING FOUND NO DUTY/DEPLOYMENT-LIMITING MEDICAL CONDITION DEFINED BY ACI 4200.09 IF NEEDED, USE AC FORM 43, MEDICAL WAIVER REQUEST: **MEDICAL-WAIVER-PROCESS**	☐	☐	
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT	☐	☐	
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES	☐	☐	
TRAVELER PRESCRIBED MALARIA CHEMOPROPHYLAXIS PER NCMI OR TRAVAX ASSESSMENT OF TRANSMISSION RISK: HTTPS://WWW.NCMI.DODIIS.MIL OR HTTPS://WWW.TRAVAX.COM (Note: No Chloroquine)	☐	☐	
PREGNANCY TEST: A NEGATIVE TEST (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:** _____