

## 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	DIVISION / DUTY PHONE	TRAVEL DESTINATION(S) & DATES:
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**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 UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET, PICARIDIN, OR IR3535 AND WILL USE TO PREVENT INSECT BITES.	I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD) STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE.
I HAVE OBTAINED A PRE-TREATED BEDNET AND WILL USE TO PREVENT INSECT BITES.	I UNDERSTAND I MUST PROVIDE THIS COMPLETED FORM, AS DIRECTED, TO SUPPORT THEATER CLEARANCE TO THE AFRICOM AOR.
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 THE FOOD SAFETY BRIEF AT: <a href="https://phc.amedd.army.mil/phc%20RESOURCE%20LIBRARY/DEPLOYMENT_FOOD_RISK_BRIEFING.PDF">https://phc.amedd.army.mil/phc%20RESOURCE%20LIBRARY/DEPLOYMENT_FOOD_RISK_BRIEFING.PDF</a>
I HAVE SUFFICIENT CLOTHING/UNIFORMS TREATED WITH PERMETHRIN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL.	I HAVE REVIEWED THE GENERAL HEALTH COUNSELING BRIEFING AT: <a href="http://www.africom.mil/media-room/document/30179/general-health-counseling">http://www.africom.mil/media-room/document/30179/general-health-counseling</a>
<b>CIVILIANS/CONTRACTORS (including retired military):</b> 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 FOREIGN CLEARANCE GUIDE (FCG), <b>SECTION VII.E. HEALTH PRECAUTIONS</b> FOR EACH COUNTRY TO BE VISITED: <a href="https://www.fcg.pentagon.mil">https://www.fcg.pentagon.mil</a>
<b>FEMALE ONLY:</b> I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.	* Screening validity may be modified per local SOP for unique mission requirements.

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

	YES	NO	IF NO, DATE COMPLETED
<b>VACCINATIONS CURRENT:</b>			
-- 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)			
-- TETANUS-DIPHTHERIA (EVERY 10 YRS; ONE TIME ADULT BOOSTER OF TDAP IF NOT PREVIOUSLY RECEIVED)			
-- 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)			
-- SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)			
-- VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)			
-- TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5 YRS)			
-- MENINGOCOCCAL (EVERY 5 YRS)			
-- YELLOW FEVER (DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA; SEE ACI 4200.09A)			
-- RABIES (AS NEEDED FOR OCCUPATIONAL EXPOSURE, OTHER EXPOSURE RISK, OR HRIG UNAVAILABLE)			
<b>CURRENT PHA / Physical (Military / Civilian) LAB WORK CURRENT IAW SERVICE GUIDELINES</b>			
<b>DENTAL CLASS 1/2 STATUS (MILITARY ONLY) / Current dental screening IAW ACI 4200.09A (Civilian)</b>			
<b>DOES NOT POSSESS A DUTY/DEPLOYMENT-LIMITING MEDICAL CONDITION IAW ACI 4200.09A</b>			
IF NEEDED, USE AC FORM 43, MEDICAL WAIVER REQUEST: <a href="https://www.africom.mil/staff-resources/medical-waiver-process">https://www.africom.mil/staff-resources/medical-waiver-process</a>			
<b>TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT</b>			
<b>TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES</b>			
<b>TRAVELER PRESCRIBED MALARIA CHEMOPROPHYLAXIS PER NCM I OR TRAVAX ASSESSMENT OF TRANSMISSION RISK: <a href="https://www.ncmi.detrack.army.mil">https://www.ncmi.detrack.army.mil</a> OR <a href="https://www.travax.com">https://www.travax.com</a> (Note: No Chloroquine)</b>			
<b>FEMALE ONLY: PREGNANCY TEST NEGATIVE (WITHIN 30 DAYS OF TRAVEL) FOR TRAVEL OF 30 DAYS OR MORE</b>			
<b>THE TRAVELER MEETS MEDICAL SCREENING REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR PER ACI 4200.09A</b>			

**Provider SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_