## **CHECKLIST OF MEDICAL ASSESSMENT REQUIREMENTS**

**USAFRICOM AOR ONLY** 

IAW U.S. AFRICA COMMAND THEATER CAMPAIGN PLAN (TCP) - TAB A TO APPENDIX 6 TO ANNEX Q TO TCP

THE MEDICAL ASSESSMENT REQUIREMENTS BELOW MUST BE COMPLETED FOR ALL TRAVEL TO USAFRICOM AOR.

REQUIREMENTS MUST BE REVIEWED AND COMPLETED, AS NEEDED, FOR EACH TRIP/ENTRY INTO THE USAFRICOM AOR.

IF TRAVELING FOR MORE THAN 30 CONSECUTIVE DAYS, TRAVELER MUST ALSO BE PROCESSED FOR DEPLOYMENT IAW DODI 6490.03.

PART I: TRAVELER PREPARATION	INITIAL COMPLETED		INITIAL COMPLETED
I HAVE OBTAINED AND AM TRAVELING WITH A PRE-		I HAVE OBTAINED AND AM TRAVELING WITH INDIVIDUAL	
TREATED BEDNET.		INSECT REPELLENT CONTAINING 24-35% DEET.	
I AM TRAVELING WITH ENOUGH CLOTHING OR		I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD)	
UNIFORMS WHICH HAVE BEEN TREATED WITH		STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE.	
PERMETHRIN TO LAST TRAVEL DURATION.			
I HAVE REVIEWED THE SUMMARY IN THE FOREIGN		I UNDERSTAND THAT FEDERAL CIVILIAN EMPLOYEES	
CLEARANCE GUIDE (FCG), SECTION VI.E. HEALTH PRECAUTIONS FOR EACH OF THE COUNTRY/IES TO		(INCLUDING RETIRED MILITARY) AND CONTRACTORS ON OFFICIAL TRAVEL WITHIN THE USAFRICOM AOR ARE NOT	
BE VISITED (LINK TO FCG BELOW).		SYSTEMICALLY COVERED BY ANY FORM OF GUARANTEED	
HTTPS://WWW.FCG.PENTAGON.MIL		MEDICAL EVACUATION PLAN IN THE EVENT OF A MEDICAL	
HTTP://WWW.FCG.PENTAGON.SMIL.MIL		EMERGENCY. I UNDERSTAND MY OPTIONS FOR MEDICAL	
		EVACUATION OUT OF THE USAFRICOM AOR.	
I HAVE REVIEWED THE FOOD SAFETY BRIEF AT		I AM DIRECTED NOT TO SWIM IN ANY FRESH WATER.	
HTTP://PHC.AMEDD.ARMY.MIL/PHC%20RESOURCE%20			
LIBRARY/DEPLOYMENT_FOOD_RISK_BRIEFING.PDF		I AM DIRECTED NOT TO PHYSICALLY CONTACT, KEEP, OR FEED	
AND UNDERSTAND HOW TO MITIGATE THE RISKS OF		ANY ANIMALS IN USAFRICOM AOR.	
CONSUMING NON-APPROVED FOOD & WATER.			
IF I BECOME ILL WITHIN A YEAR AFTER TRAVELING		I AM DIRECTED TO USE PERSONAL PROTECTIVE MEASURES TO	
TO THE USAFRICOM AOR, I AM DIRECTED TO SEEK MEDICAL ATTENTION AND INFORM PROVIDERS		AVOID BEING BITTEN BY ANY INSECTS OR ANIMALS.	
THAT I HAVE TRAVELED TO AFRICA.			
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PART II: MEDICAL ASSESSMENT REQUIREMENTS - TO BE COMPLETED VIA MEDICAL APPOINTMENT OR CONSULTATION  DATE COMPLETED (*TO BE ENTERED INTO APACS BLOCK*):			
		INIT	TAL COMPLETED
1) MEDICALLY READY IAW SERVICE AND/OR AG	ENCY GUIDELIN	NES (CONTRACTORS IAW DODI 3020.41)	
2) SUFFICIENT QUANTITY OF CURRENT MEDS AND/OR MEDICAL EQUIPMENT TO LAST TRAVEL DURATION			
3) LAB WORK (HIV,G6PD,TB,DNA) CURRENT IAW SERVICE GUIDELINES			
4) ANTI-MALARIAL MEDICATIONS PRESCRIBED AS REQUIRED PER NCMI ASSESSMENT OF TRANSMISSION RISK			
5) RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES (SUCH AS DIARRHEA)			
6) MANDATORY VACCINATIONS FOR ENTRY INTO THE USAFRICOM AOR			
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 (SINGLE ADULT BOOSTER IS REQUIRED)			
POLIOVIRUS (SERIES COMPLETE PLUS SINGLE ADULT BOOSTER IS REQUIRED)			
SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)			
VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)			
TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVE	RY 5 YRS)		
MENINGOCOCCAL (EVERY 5 YRS)			
YELLOW FEVER (EVERY 10 YRS - LAST DOSE M	UST BE AT LEAS	T 10 DAYS PRIOR TO ARRIVAL TO AFRICA)	
RABIES / PNEUMOCOCCAL IF HIGH RISK AND A	AS NEEDED FOR	R OCCUPATIONAL EXPOSURE	
7) LOCATION SPECIFIC HEALTH THREAT / COUNT	ERMEASURES	BRIEF WITHIN 30 DAYS OF ARRIVAL TO AFRICA	
PART III: CERTIFICATION			
TRAVELER: I ACKNOWLEDGE THAT I HAVE MET ALL FORCE HEALTH PROTECTION REQUIREMENTS FOR TRAVEL TO MY SPECIFIC DESTINATION(S) WITHIN THE USAFRICOM AOR UNLESS EXEMPTED BY A MEDICAL PROVIDER. I WILL MAINTAIN A COPY OF THIS CHECKLIST IN MY PERSONAL FILES FOR 12			
MONTHS.	AL FINOVIDEN. I	WILL MAINTAIN A COFT OF THIS CHECKEST IN 1911 FERSUNAL FILE.	3 1 ON 12
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( PRINT NAME, GRADE)		(SIGN AND DATE)	
CURRENT A/O 15 MAY 13			

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