AFRICOM TRAVEL HEALTH FORM

PART I: TRAVELER DATA	
NAME:	
DATE OF TRAVEL:	
DESTINATION COUNTRY(S):	

Part II: TRAVELER PREPARATION	YES	NO		YES	NO
TRAVELLING WITH BEDNET			TRAVELLING WITH SUNSCREEN		
TRAVELLING WITH MINIMUM 2 SETS PERMETHRIN TREATED CLOTHING			TRAVELLING WITH YELLOW SHOT CARD (CDC FORM 731		

	TRAVELLER INITIALS		TRAVELLER INITIALS
I HAVE REVIEWED SUMMARY IN THE FOREIGN CLEARANCE GUIDE (FCG), **SECTION I.C. IMMUNIZATIONS AND OTHER MEDICAL REQUIREMENTS** FOR EACH OF THE COUNTRY/IES TO BE VISITED. (link below to FCG)		I UNDERSTAND THAT: CIVILIAN AND CONTRACTOR MEDICAL EVACUATION ARE NOT CURRENTLY COVERED UNDER DOD ;	
I HAVE REVIEWED THE SUMMARY IN THE FCG, SECTION **VI.E. HEALTH THREATS** FOR EACH OF THE COUNTRY/IES TO BE VISITED (link below to FCG):		I AM DIRECTED NOT SWIM IN ANY FRESH WATER	
		I AM DIRECTED NOT TO PHYSICALLY CONTACT, KEEP, OR FEED ANY ANIMALS IN AFRICOM AOR;	
I HAVE RECEIVED a MEDICAL THREAT BRIEF and have reviewed Food Health and Water Safety Information:		I AM DIRECTED TO TAKE PRECAUTIONS TO AVOID BEING BITTEN BY ANY INSECTS.	

FOREIGN CLEARANCE GUIDE LINKs: https://www.FCG.pentagon.mil http://www.FCG.pentagon.smil.mil

PART III: MEDICAL APPOINTMENT – TO BE COMPLETED BY MEDICAL PROVIDER			
DATE:			
CLINIC/FACILITY:			
	YES	NO	COMMENTS/REMARKS
PSYCHOLOGICALLY FIT TO TRAVEL			
SUFFICIENT QUANTITY OF CURRENT MEDICATIONS FOR TRAVEL			
ANT-MALARIAL MEDICATIONS PRESCRIBED			
RECOMMENDED MEDICATIONS PROVIDED FOR COMMON TRAVELLER ILLNESSES			
PATIENT SPECIFIC NEEDS ADDRESSED			
LABORATORY DATA (HIV,G6PD,TB,DNA) CURRENT			
VACCINATIONS CURRENT			
YELLOW FEVER			EXEMPT?
HEPATITIS A			EXEMPT?
TETANUS-DIPTHERIA			EXEMPT?
MMR			EXEMPT?
POLIO			EXEMPT?
INLUENZA			EXEMPT?
LOCATION/MISSION SPECIFIC VACCINATIONS			N/A
BRIEFED ON HEALTH THREATS (VECTORBORNE, FOODBORNE, STD, ENVIRONMENTAL,OTHER)			

MEDICAL PROVIDER

_____ _____

(PRINT NAME, GRADE) (SIGN AND DATE)

PART IV: CERTIFICATION

TRAVELER: I HAVE MET ALL MEDICAL REQUIREMENTS FOR TRAVEL TO MY SPECIFIC DESTIONATION(S) EXCEPT AS EXEMPTED BY A MEDICAL PROVIDER.

_____ _____

(PRINT NAME, GRADE) (SIGN AND DATE)

Symptoms of malaria include headache, nausea, fever, vomiting and flu-like symptoms. Severe malaria can progress rapidly and cause death within hours or days. If you develop these symptoms or any unusual illness within 12 months after your travel, see your health care provider and let them know you have traveled to Africa. Additional Reference site: Center for Disease Control: http://wwwnc.cdc.gov/travel/

AFRICOM LINK: http://www.africom.mil/TheaterClearanceCoordCenter/tcccMain.asp