**COVID-19 Testing Request for Official Travel**

**Departing Personnel**

1. Travelers are responsible for reading all instructions and accurately researching/reporting their testing requirements on the form below. Public Health **will NOT** verify that request meets all entry requirements.
   1. **Note: Hawaii travelers test at Walgreens or lab listed here: https://hawaiicovid19.com/travel-partners/.**
2. Per Force Health Protection Guidance Supplements 20 and 16 revision 1: Personnel conducting official international air travel from the United States to a foreign country will be tested with a viral test conducted during the 3 days prior to departure of the commercial or military aircraft and maintain proof of the negative test during travel.
   1. Unless otherwise required by the host nation, either of the following exceptions to testing apply:
      1. Fully recovered from laboratory confirmed COVID-19 infection within the previous 90 days.
      2. 14 days post-completion of COVID-19 vaccination with FDA-authorized vaccine.
3. Check airline website AND use the links provided below to determine your required test type and testing window.

**-DOD Travel-Related Coronavirus Information:** <https://www.defensetravel.dod.mil/coronavirus/>

**-U.S. Embassy COVID-19 Country-Specific Travel Information**: <https://travel.state.gov/content/travel/en/traveladvisories/COVID-19-Country-Specific-Information.html>

**-Electronic Foreign Clearance Guide:** <https://www.fcg.pentagon.mil/fcg.cfm>

1. If you have never received care at the Scott AFB MTF, you will need to contact Patient Admin at 618-256-7522 to be enrolled. This must be done BEFORE you send the completed form to Public Health.
2. Email completed form to [urbainson.jeanfrancois.mil@mail.mil](mailto:urbainson.jeanfrancois.mil@mail.mil) **AND** [dandra.n.vigil.mil@mail.mil](mailto:dandra.n.vigil.mil@mail.mil) with “**Official Travel COVID-19 Testing Request**” in the subject line. **Completed form must be sent at least 1 week prior to earliest testing date.** Public Health will contact traveler to confirm their scheduled test date/time. Contact SAFB Public Health at 618-256-4986 for questions on completing request.
3. Print your results: <https://www.tricare.mil/FindDoctor/AllProviderDirectories/Military/SecurePatientPortal>

**How to Calculate Required Testing Window for Departing Personnel**

**Calculating testing window: Test required X hours prior to departure**

Refer to the specific destination requirements first to determine what requirement(s) you must meet. If requirement states that testing is required either 48 or 72 hours prior to departure, use local departure time to determine necessary testing window.

**Calculating testing window: Test required X hours prior to arrival:**

1. Go to <https://www.timeanddate.com/worldclock/meeting.html>
2. Select arrival date and time in “Pick date and cities box”. Use arrival time for the first international stopover.
3. Select “Location 1” as St. Louis and “Location 2” as destination (use 1st international location only)
4. Click “Show Timetable”. Find the arrival time, and the corresponding St. Louis time.
   1. Enter Destination Arrival Date/Time Here: Click or tap to enter a date. Enter St Louis Date/Time Here: Click or tap to enter a date.
5. Subtract 48 or 72 hours from St Louis time (depending on requirement) to get the earliest test time.
6. Testing window is Click or tap to enter a date. (Earliest test time) to Click or tap to enter a date. (Departure time/date)

**Returning Personnel**

1.Individuals returning from OCONUS deployment or travel must test between 3 and 5 days after travel. Follow step 5 listed above. Earliest testing date and time must be at least 72 hours after return date.

a. Exempt only if fully recovered from laboratory confirmed COVID-19 infection within the previous 90 days.

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| **Traveler Information** | | | |
| **Last, First Name** | Click or tap here to enter text. | **Rank** | Click or tap here to enter text. |
| **DOD ID** | Click or tap here to enter text. | **SSN** | Click or tap here to enter text. |
| **DOB (MM/DD/YYYY)** | Click or tap here to enter text. | **Cell Phone #** | Click or tap here to enter text. |
| **Travel Type** | Choose an item. | **Military Status** | Choose an item. |
| **Travel Destination(s)** | Click or tap here to enter text. | **Unit** | Choose an item. |
| If “other” Click or tap here to enter text. |
| **COVID-19 History** | | | |
| **Have you tested positive for COVID-19 in the last 90 days?** | Yes  No | **If yes, date of previous positive result?** | Click or tap to enter a date. |
| **If yes, test location?** | Click or tap here to enter text. |

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| **COVID-19 Testing Requirements** | | | | | | | |
| **Test Type Needed**  **(Antigen or PCR- depending on the country requirements)** | Choose an item. | **Earliest Testing Date & Time Per Travel Rqmts** (Select date then change time as necessary) | Click or tap to enter a date. | **Departure Date/Time** (N/A for return testing) | Click or tap to enter a date. | **Return Date**  (N/A for outbound testing) | Click or tap to enter a date. |