

OFFICE SYMBOL Day Month Year

MEMORANDUM FOR RECORD

SUBJECT: Quarantine Action Plan for USFK associated personnel who quarantine at a location other than a dedicated quarantine facility.

1. Reference:

1. USFK Commander’s Leave Guidance (Update to 26 March 2020 Memo)
2. USFK OPERATION ORDER 20-19 FRAGO 28 (USFK Novel Coronavirus [COVID-19] Response)

2. I approve / disapprove the following personnel to quarantine as a single group in their residence.

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| --- | --- |
| **Rank/Prefix** | **Name** |
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3. Action plan

1. Select Quarantine Option from “USFK Commander’s Leave Guidance”.
   * Option 1 – Travelers with independent quarters (no roommates or family) in Korea: Travelers with independent off-post residence may quarantine at their residence with *O-6 approval*. Travelers with independent quarters on USFK installations may quarantine at residence if supported by the installation.
   * Option 2 – Travelers with shared quarters (family, roommate, or visitors) in Korea:

Traveler and any cohabitant remaining at the local quarters will quarantine on-site. The non-traveling individual, whether Service member or civilian, *must separate themselves at an**independent lodging* facility. Government lodging, TDY, and ROM reimbursement options may be available; USFK personnel should contact the chain of command for guidance. USFK components should follow Defense Travel Management Office COVID-19-related guidance for the use of travel and transportation allowances when placing military or civilian personnel in quarantine: https://www.defensetravel.dod.mil/Docs/COVID-19\_Travel\_QAs-Civilian\_and\_Military.pdf

* + Option 3 – Travelers with shared quarters (family, roommate, or visitors) in Korea:

Entire household quarantines as a single group and will have a designated sponsor to support the household identified in advance of arrival. The sponsor shall develop a support plan for O-6 approval. Telecommuting options may be available; USFK personnel should contact the chain of command for guidance.

* + Option 4 – Contractors and civilians without entitlements to on base healthcare (TRICARE) and/or without one of the following documents: CAC, A-3 Visa/Immigration Card, SOFA verification Stamp, will follow ROK government procedures on arrival. These individuals will complete COVID testing and quarantine in ROK facilities and coordinate with sponsors for pick-up on completion.

1. Name of the unit/organization’s representative that will sign for the release of the individual(s) in quarantine.
   * + Name of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Name of Unit/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Quarantine Location:
   * + Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + # of Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + List of any personnel at quarantine location not associated with travel.

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* + - POC for daily medical checks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Quarantine start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Quarantine end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select movement plan to quarantine location.
   * Representative drops off or pre-stages privately owned vehicle
   * Family member picks up and conducts quarantine with new arrival
     + Name of Family Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Transportation in government or contracted vehicle with driver and other passengers wearing approved PPE.
2. Quarantine support plan (food, linens, crib, WiFi set up, frequency of check in and resupply etc).

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1. Release Test.
   * + Medical facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Test Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Movement plan to medical facility conducting release test

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4. The point of contact for this memorandum is the unit/organization’s representative at ###-###-#### or emailaddress@mail.mil.

O-6 level or civilian equivalent

Signature Block

(Retirees are authorized to sign for themselves and their family members)