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| Office Symbol | Date |

MEMORANDUM FOR Commander/Director of Organization, Address

SUBJECT: Quarantine Action Plan (QAP)

1. Reference. United States Forces Korea Operation Order 20-19, “USFK Novel Coronavirus [COVID-19] Response”

2. Quarantine Requirement.

a. The purpose of quarantine is to ensure inbound personnel do not have the COVID-19 virus. Members in quarantine must closely monitor their health and immediately report any and all symptoms to the appropriate medical system. These symptoms include symptoms the member may otherwise attribute to pre-existing medical conditions (e.g. stuffy nose thought to be caused by allergies). At a minimum, international arrivals will receive at least two (2) COVID-19 tests during their quarantine period. The first test will be administered upon initial entry into quarantine, i.e., Day 1. The second test will be administered on Day 8/9 and the international traveler must receive a negative COVID-19 result prior to exit from quarantine.

b. Quarantine is considered 100% restricted movement for ten (10) consecutive days. All persons affiliated with USFK, to include individuals who desire access to USFK installations, are restricted from leaving the quarantine location designated in this memorandum for the entirety of their quarantine period. Travelers may not leave the immediate vicinity of their specified quarantine location (i.e. front or back yard), except for authorized Life/Health/Safety issues (i.e. loss of life, limb). Incidents of noncompliance by others will be referred to Headquarters, USFK, to determine if administrative action is warranted to include debarment from USFK installations.

c. The approval authority for this QAP is at the squadron/battalion commander level (or civilian equivalent) or higher. Telecommuting options may be available with proper coordination by supervisor or chain of command.

2. Quarantine Options

a. Select the quarantine option member(s) will utilize from USFK Commander’s Leave Guidance:

🞏 **Option 1 – Designated quarantine facility**: Ten (10)-day quarantine will occur in a dedicated quarantine facility at a location determined by the military installation.

🞏 **Option 2 – Travelers with independent quarters (no cohabitants) in Korea**. Travelers with independent quarters may quarantine at their residence. The Traveler shall not leave their residence/quarters for the duration of the quarantine.

🞏 **Option 3 – Travelers with shared quarters in Korea (cohabitants)**. Travelers with shared quarters in Korea may quarantine at their residence. The returning traveler may not leave the residence/quarters for ten (10) days. Cohabitants, regardless of vaccination status, must restrict movement until receipt of the traveler’s Day 1 negative test results. After receipt of negative Day 1 test results, cohabitants may continue with regular activities, but must monitor their health for COVID-related symptoms.

3. General Quarantine Information (*required for all quarantine options*):

a. Quarantine Start Date: [Day 1 is Date of Arrival in Korea]

b. Quarantine End Date:

c. Name and Contact Information of Unit Sponsor:

d. Quarantined Members (Travelers) of Household:

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| **Rank/Prefix** | **Name** |
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4. Specific Quarantine Information (only *required for options 2 - 3*):

a. *Quarantine Location*:

1. Physical Address of Quarantine Location:

(2) Name(s) and relationships of any personnel/cohabitants at quarantine location not subject to quarantine:

b. *Movement Plan to Quarantine Location*: [Identify who is picking you up and the location of pick-up.]

c. *Quarantine Support Plan*.

(1) Plan for how necessities will be provided during the quarantine period (i.e., food, linens, crib, WiFi set up, frequency of check in and resupply etc.): [Explain how you will receive basic necessities while in quarantine.]

(2) POC for daily medical checks: [Include name and Phone Number]

d. Day 8/9 PCR Test / *Release Test*.

(1) Medical facility:

(2) Location:

(3) Test Date:

(4) Movement plan to medical facility conducting release test: [How will you get to the medical facility?]

e. *Name of the unit/organization’s representative that will sign for the release of the individual(s) in quarantine*.

(1) Name of Representative:

1. Name of Unit/Organization:

5. I will notify my chain of command immediately if any information presented in this memorandum changes and understand all deviations from the Quarantine Action Plan must be approved before executed. **I will closely monitor our health and immediately report any and all symptoms to the appropriate military medical system.**

6. I understand failure to adhere to the proposed Quarantine Action Plan may subject to me to adverse administrative action, to include possible debarment from USFK installations.

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

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|  | REQUESTER’S NAME  Position |

I approve / disapprove the following personnel to quarantine as explained in the Quarantine Action Plan presented above.

If this plan changes or you have any issues during quarantine, you can contact Name, Phone Number, and Email Address.

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|  | COMMMANDER/DIRECTOR  Rank, XX  Position |