



HEADQUARTERS
Resolute Support
Kabul, Afghanistan
APO AE 09356



Date: _____

MEMORANDUM FOR RECORD

SUBJECT: Individual Certificate of Mandatory COVID-19 Quarantine (Revised 19-APR-20)

Reference:

a. HQ RS FRAGO 253 - 2020 – COVID-19 QUARANTINE RESTRICTIONS, dated 14MAR2020

1) On 11 MAR 20, the World Health Organization (WHO) Director General declared COVID-19 a pandemic. All RS personnel, including military, civilians, and contractors, arriving in theatre need to prove that they are free of COVID-19 symptoms. A COVID-19 symptom-free pre-deployment quarantine period of 14 days satisfies this proof.

2) The below mentioned individual has completed a **mandatory fourteen (14) day quarantine** that meets **ALL** the following quarantine requirements:

- Single room, with ensuite (hand hygiene and toilet facilities); or if single rooms are not available, all rules of social distancing have been enforced;
- Maintenance of social distancing (> 2 meters) or wearing face masks where social distancing could not be guaranteed;
- Professional medical supervision over the whole quarantine period;
- Unbroken chain of quarantine / social distancing from quarantine at home nation to respective Airport of Disembarkation (adequate face masks have to be available during the transfer);
- Military transport from Airport of Embarkation to final destination in theatre including adherence to quarantine requirements.

**In-home quarantine is not an authorized method to perform requirements.

3) This completed and signed document is proof of quarantine and must be presented at the respective RS Airport of Disembarkation (APOD) to gain access to theatre. In the absence of a completed Certificate of COVID-19 Quarantine, all personnel will be subject to 14 day quarantine at the RS APOD or their final destination. The document has to be carried by the individual until reaching final destination, where it will be retained by respective NSE.

4) Point of contact for this memorandum is Headquarters Resolution Support Operations RS MEDAD/CJMED Branch (NU Email: cjmedhead@hq.rs.nato.int)

Quarantined Individual

Name: _____

Function: _____

Nationality: _____

Signature: _____



Medical Provider

Name: _____

Function: _____

Medical Provider: _____

Country: _____

Tel: _____

Dates of Quarantine: _____