

MILITARY LEAVE RISK ASSESSMENT

Rank/Name: _____ **Date:** _____

Duty Station: _____ Planned Leave Dates: _____ - _____

Travel Plan:

Planned Final Destination(s): _____

Leave Contact Information: Phone: (____) _____ Email: _____

Mode(s) of travel (Car, Commercial Air, Cruise, etc.): _____

Planned Lodging (Hotel, Rental Cabin, Family Member's Home, etc.): _____

Names/relationship of accompanying travelers: _____

Planned Route Itinerary:

Complete the following for each location planned to visit while on leave. If air travel is planned, list each stopover/layover airport as a destination. If travel by vehicle is planned, list all locations where stops are planned. Factor 1 and Factor 2 should be indicated as shown on the MyNavy Portal Travel Tracker (<https://www.mnp.navy.mil/group/don-covid-19-travel-tracker>). For factor 2, use the factor of the closest military installation within 50 miles of the destination. If no military installation is within 50 miles, list the factor as N/A.

Destination	Factor 1	Factor 2

Risk Mitigation Plan (what is your plan to limit risk of exposure while traveling):

- (1) Service member will practice social distancing per Center for Disease Control, Department of Defense, and Department of State guidance while transiting.
- (2) Service member will comply with Restriction of Movement (ROM) requirements upon arriving at destination and returning to Bahrain.
- (3) Other risk mitigations:

E4 & below residing in the Barracks must have signed request from housing to ensure proper barracks room will be available upon returning from leave:

The above represents my leave plan as of _____ (date). I will notify my supervisor if my leave plans change, I come into close contact with someone who has tested positive for COVID-19 or if I display COVID-19 symptoms. I will also screen for symptoms 48 hours prior to travel.	Forwarded recommending: <input type="checkbox"/> Approval <input type="checkbox"/> Approval w/ ROM <input type="checkbox"/> Disapproval	Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ ROM <input type="checkbox"/> Not Approved
_____ Service Member	_____ Supervisor/Department Head	_____ CO