



<u>COVID-19 Declaration Form for Military/Police Formed Units/Contingents</u> Pre-Deployment RT-PCR Negative Test Results & Vaccination Status

INSTRUCTIONS:

B.

- All uniformed personnel are required to undergo COVID-19 PCR testing no more than 3 days (72 hours) before departure into the field mission. Only personnel with PCR-negative results during this period are permitted to be deployed into a field mission.
- All uniformed personnel are recommended to be fully vaccinated against COVID-19 before deploying. Note that this is a recommended vaccine and is not mandatory.
- These policies are enacted in the interest of public health due to the ongoing COVID-19 pandemic, increase in circulating variants of concern, and the need to reduce the risk of virus transmission, particularly in personnel who live in congregate settings.
- For all military and police formed units/contingents, please complete this declaration form regarding PCR-negative status and COVID-19 vaccination status of incoming personnel and submit it to the Mission Medical services upon arrival in the mission. Please use the spreadsheet available

 at https://www.un.org/sites/un2.un.org/files/coronavirus_tpccdeclarationform_excelannex.xlsx to attach as Annex a complete list of names of all personnel with their test results & their vaccination
- Contact DHMOSH Public Health at dos-dhmosh-public-health@un.org for any questions.
- 1. Country of T/PCC submitting this form:
- 2. Name of T/PCC submitting this form:
- 3. Mission & Location of Deployment:
- 4. Arrival Date of Personnel into the Mission: (DD/Month/YYYY)
- 5. COVI9-19 Declaration by Contingent Commander or his Designate:
 - A. I hereby declare that all personnel listed in the attached Annex have undergone RT-PCR testing for COVID-19 no more than 3 days before departure and have tested negative.

I attach to this declaration a full list of the names of uniformed personnel who were tested

	as PCR-negative within the 72 hours before deployment:	
	Total Number of Personnel in the Listed Annex:	
	Name of Unit/s of Personnel Listed in the Annex:	
C.	I attach to this declaration a full list of the names of uniformed personnel who have been either partially or fully vaccinated against COVID-19 before deployment:	
	Total Number of Personnel in the Listed Annex:	
	Name of Unit/s of Personnel Listed in the Annex:	

Details of Contingent Commander or his Designate		
Rank:	Name:	
Phone:	Email:	
Date of Submission of This Report:(DD/Month/YYYY)	Signature:	

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