**COVID-19 Declaration Form for Military/Police Formed Units/Contingents**

**Pre-Deployment RT-PCR Negative Test Results & Vaccination Status**

***INSTRUCTIONS:***

* *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***](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 status.***
* *Contact DHMOSH Public Health at* [*dos-dhmosh-public-health@un.org*](mailto: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:**
6. 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.
7. I further declare that these personnel have undergone continuous 14 days pre-deployment quarantine before the date of arrival in the Mission. During this quarantine period, none of these personnel has been: -

* Confirmed or suspected of COVID-19 infection
* In contact with a confirmed or suspect COVID-19 case
* In contact with any patient with fever or respiratory *symptoms*

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(DD/Month/YYYY)*