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_tpcdeclarationform_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 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. COVID-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.
   B. 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: __________________

<table>
<thead>
<tr>
<th>Details of Contingent Commander or his Designate</th>
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</thead>
<tbody>
<tr>
<td>Rank: _________________________ Name: _________________________</td>
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<tr>
<td>Phone: _________________________ Email: _________________________</td>
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<tr>
<td>Date of Submission of This Report: _________ Signature: _________________________</td>
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<td>(DD/Month/YYYY)</td>
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