



Effective April 1, 2022

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: _____

Details of Contingent Commander or his Designate

Rank: _____ Name: _____

Phone: _____ Email: _____

Date of Submission of This Report: _____ Signature: _____
(DD/Month/YYYY)