



PERSONNEL AND  
READINESS

**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**MAY - 7 2021**

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Guidance for Participation of International Military Students and Trainees in Department of Defense Formal or Informal Military Education and Training at U.S. Government Facilities During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Under Secretary of Defense for Personnel and Readiness Memorandum, "Guidance for Participation of International Military Students and Trainees in Department of Defense Formal or Informal Military Education and Training at U.S. Government Facilities during the Coronavirus Disease 2019 Pandemic," June 12, 2020 (hereby rescinded)
  - (b) Under Secretary of Defense for Personnel and Readiness Memorandum, "Extension of Guidance for Participation of International Military Students and Trainees in Department of Defense Formal or Informal Military Education and Training at U.S. Government Facilities during the Coronavirus Disease 2019 Pandemic," October 19, 2020 (hereby rescinded)
  - (c) Centers for Disease Control and Prevention, "Travelers Prohibited from Entry to the United States," Last reviewed on May 5, 2021
  - (d) Centers for Disease Control and Prevention, "COVID-19 Travel Recommendations by Destination," Last reviewed on May 5, 2021
  - (e) Secretary of Defense Memorandum, "Update to Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions," March 15 2021
  - (f) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 15) Revision 1 – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Testing Services," March 15, 2021
  - (g) Department of Defense Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," March 28, 2019
  - (h) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 16) Revision 1 – Department of Defense Guidance for Deployment and Redeployment of Individuals and Units During the Coronavirus Disease 2019 Pandemic," May 4, 2021
  - (i) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 20) – Department of Defense Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic," April 12, 2021
  - (j) Security Assistance Management Manual, Chapter 10, International Training

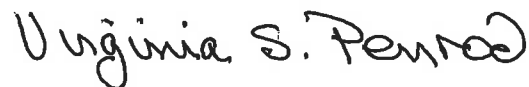
- (k) Food and Drug Administration In Vitro Diagnostics EUAs  
(<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>)
- (l) Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," February 4, 2021

This memorandum rescinds and replaces references (a) and (b), and prescribes DoD guidance for the international military education and training community, in execution of DoD and Department of State programs, during the coronavirus disease 2019 (COVID-19) pandemic. It ensures the safety and well-being of U.S. military and civilian personnel, International Military Students (IMS), civilian students, dependents, scholars, and faculty and staff participating in DoD-sponsored formal and informal international military education and training programs at U.S. Government facilities.

Effective immediately, and until further notice, DoD Component heads, military installations, security cooperation personnel, and military education and training institutions will implement the policies and procedures in the attachment. This guidance does not affect DoD security screening requirements for foreign military personnel participating in training at DoD facilities in the United States and their authorized dependents. This health protection guidance is consistent with COVID-19 guidance issued by the Centers for Disease Control and Prevention (CDC), as well as guidance issued by State and local governments.

Additional funding necessary to meet the requirements outlined in this memorandum should be coordinated with appropriate agency financial management authorities to ensure the availability of funds. In accordance with CDC and DoD guidelines, the Defense Security Cooperation Agency will continue to coordinate with relevant agencies and partners to mitigate COVID-19 impacts for current and future IMS and their dependents.

This guidance will be updated as necessary, consistent with relevant DoD policy and guidance, based on ongoing local risk assessments, and in consultation with public health authorities. My point of contact for this action is Dr. J. Christopher Daniel, who may be reached at (703) 681-1734 or [john.c.daniel2.civ@mail.mil](mailto:john.c.daniel2.civ@mail.mil).



Virginia S. Penrod  
Acting

Attachment:  
As stated

## ATTACHMENT

### Phase 1: Prior to Arrival

- Training Program Managers and Security Cooperation Officers (SCOs) will identify partner nation students and authorized dependents traveling from or through COVID-19 affected countries (see references (c) and (d)). To the extent possible, SCOs will inform partner nation students and authorized dependents of DoD and other relevant Federal, State, and local COVID-19 public health requirements in effect at the location where the student will be receiving education and/or training.
- Prior to the issuance of Invitational Travel Orders (ITOs), all participants and authorized dependents (P&ADs) must comply with the Security Assistance Management Manual healthcare coverage requirements (Chapter 10, Section 9), including coverage for COVID-19.
- Medical Fast Track waivers for COVID-19 are not authorized.
- Intermediate stops during travel prior to arrival into the United States are not authorized. This does not include layovers of 12 hours or less in which travelers do not leave the airport.
- Restriction of Movement (ROM): All P&ADs will be informed prior to departure from their home countries of the DoD requirement to undergo a ROM upon arrival in the United States (see references (g), (h), and (i)). This requirement will not apply to those who have a letter of clearance from a health care provider or public health official that they have fully recovered from a laboratory-confirmed diagnosis of COVID-19 infection within the previous 90 days, nor to those who have been fully immunized with any type of COVID-19 vaccine approved for use in the foreign partner's country.
- P&ADs who have been immunized with one or more dose of a COVID-19 vaccine will provide documentation to the SCO; the details of each dose, including the manufacturer, lot number, and date given, should be recorded on the DD Form 2808 (Report of Medical Examination).
- Pre-departure Testing: P&ADs will present documentation to the SCO of a COVID-19 test with negative test results taken within 72 hours of departure.
  - Where feasible, this test should be undertaken with in vitro diagnostics products that have received an Emergency Use Authorization for detecting SARS-CoV-2 by the Food and Drug Administration (reference (k)).
  - This requirement will not apply to P&ADs who have a letter of clearance from a health care provider or public health official that they have fully recovered from a laboratory-confirmed diagnosis of COVID-19 infection within the previous 90 days. The clearance letter(s) will be maintained by the SCO, with a copy maintained by the P&ADs during travel.

- P&ADs who test positive for COVID-19 or who are symptomatic of COVID-19 will not travel. For the purposes of this guidance, a P&AD who has a temperature higher than 100.4°F (38°C), or who reports any of the symptoms listed on the COVID-19 Symptom Monitoring Form at the end of this attachment would be considered symptomatic.
- Before traveling, P&ADs must submit a written declaration to the SCO certifying that, for the prior 14 days, they have not been symptomatic or been in close personal contact with anyone known to have COVID-19. This self-declaration should be maintained by the SCO.

Phase 2: Upon Arrival and during ROM Periods:

- Upon arrival, all P&ADs must abide by health protection protocols recommended by the CDC. DoD installations and military education and training institutions may impose additional requirements consistent with State and local requirements and applicable DoD guidance.
- P&ADs will bring their own masks that are compliant with current CDC guidance (see reference (1)).
- If the P&ADs were not screened for COVID-19 by Department of Homeland Security personnel upon entry into the United States and have not been fully immunized against COVID-19, a DoD Component representative will ensure the P&ADs receive a copy of the COVID-19 Symptom Monitoring Form (at the end of this attachment) when they report to the education program location.
- If a P&AD exhibits or reports any COVID-19 symptoms, DoD Component or installation representatives will obtain appropriate medical attention in coordination with local DoD medical and public health personnel. Appropriate public health authorities should be notified in accordance with DoD guidance and State and local laws.
- If P&ADs are eligible for DoD-provided medical care, DoD medical personnel are authorized to manage P&ADs who test positive for COVID-19 based on an assessment of the severity of the disease and will comply with all applicable laws, DoD guidance, and any written agreements between DoD and the P&AD's country, including protection of personal health information. This guidance does not establish any P&AD eligibility for DoD medical care. The P&AD, as well as anyone living with the P&AD, will be isolated in accordance with CDC (<https://www.cdc.gov/quarantine/quarantineisolation.html>), DoD, State, and local guidelines
- If P&ADs do not exhibit or report any COVID-19 symptoms, they will then proceed directly to the ROM location, as designated by the International Military Student Office (IMSO), unless they have a letter of clearance from a health care provider or public health official or have been fully immunized with a COVID-19 vaccine approved for use

in their home country. Where feasible, P&ADs will travel to their ROM location in DoD Component/installation-authorized vehicles.

- P&ADs should remain in ROM for up to 14 days in accordance with references (g), (h), and (i). DoD, through the Military Departments, will provide medical screening and facilitate compliance with social distancing requirements.
- During the ROM period, P&ADs must complete the COVID-19 Symptom Monitoring Form provided below and immediately report any symptoms consistent with COVID-19 to appropriate installation personnel.
- Orientation and some classwork may start virtually while in ROM, using DoD Component-approved online collaboration tools. If appropriate, training participants will receive authorized information technology equipment and support from DoD training installations.

### Phase 3: Military Education and Training Program Duration

- Throughout the duration of the military education or training program (including during U.S. holidays and field study programs), P&ADs must comply with all CDC, DoD, State, and local COVID-19 guidance, including guidance related to sheltering-in-place, face mask wearing, and social distancing. If at any time a P&AD does not comply with such COVID-19 guidance, he or she may be dis-enrolled from training and returned home.
- If they are eligible for DoD-provided medical care, P&ADs may be offered COVID-19 vaccines, and receive them at DoD vaccination sites.
- If a P&AD tests positive for COVID-19 and/or presents symptoms consistent with COVID-19 during a military education and training program:
  - A DoD Component representative will be informed, in accordance with applicable privacy policies, so that appropriate contact tracing and public health measures may be implemented within the training program environment.
  - Medical personnel will manage P&ADs who test positive based on an assessment of the severity of the disease.
  - The P&AD, as well as anyone living with the P&AD, will be isolated in accordance with CDC, DoD, State, and local guidelines.
- Course implementation and attendance will adhere to DoD, State, and local guidelines.
- P&ADs must be made aware that installations are authorized to delay or suspend military education and training or shift to online instruction, if needed.

#### Phase 4: Departure

- Where feasible, DoD Component personnel and the IMSO will assist P&ADs to schedule flights with the best available routing to return home safely upon completion of military education and training. In the event that P&ADs are unable to return to their home country due to COVID-19 travel restrictions, local installation personnel may, subject to extension and terms of the ITO, continue to provide support until safe travel routing is available. ITOs may not be extended beyond a time when safe travel is available.
- IMSOs and DoD Components are responsible for monitoring P&ADs who remain in the United States after completion of all training due to lack of available transportation to return home. It is within each IMSO's discretion to determine the best method of maintaining accountability on the location and welfare of P&ADs while they await transportation home.
- IMSOs will ensure that P&ADs do not depart the local area of the training facility until a complete, confirmed flight itinerary is in place to leave the United States. IMSOs and DoD Components are responsible for coordination with the SCO to amend ITOs while P&ADs await transportation. IMSOs will report to the DoD Component if any P&AD does not comply with Military Department monitoring requirements or Military Department instructions regarding where the P&AD needs to await transportation.
- If P&ADs choose not to remain under the support provided by local installation personnel, they must contact their embassy or consulate for further support prior to departing the installation, in coordination with the IMSO. Under no circumstances should a P&AD leave an installation without notifying the IMSO.
- Some P&ADs may not be able to travel to follow-on training if there are Military Department or local restrictions applicable to such travel. If P&ADs are unable to continue to follow-on training, the SCO will coordinate closely with the IMSO, Military Departments, or designated security assistance training organization to return the P&ADs to their home country.

## COVID-19 SYMPTOM MONITORING FORM

Name: \_\_\_\_\_  
 Date of Arrival to U.S.: \_\_\_\_\_  
 Countries visited in 14 days prior to arrival to U.S.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Organization/Unit: \_\_\_\_\_

To slow the spread of COVID-19 into the United States, the CDC is working with State and local public health partners to implement after-travel health precautions.

You are required to stay home for a period of up to 14 days in accordance with the latest Department of Defense Force Health Protection guidance upon arrival at your training installation and monitor your health daily using the form below. If you or anyone in your home experiences COVID-19 symptoms, contact \_\_\_\_\_.

Day after arrival to U.S.	Date	Temp (°F)	Symptoms	
0 (arrival day)		AM:  PM:	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
1		AM:  PM:	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
2		AM:  PM:	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____

3		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
4		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
5		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
6		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
7		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____



8		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
9		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
10		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
11		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____
12		<p>AM:</p> <p>PM:</p>	<input type="checkbox"/> No symptoms <input type="checkbox"/> Felt feverish <input type="checkbox"/> Cough <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chills <input type="checkbox"/> New Loss of Taste or Smell	<input type="checkbox"/> Muscle Aches <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea: _____ times/day <input type="checkbox"/> Other: _____ _____

