



PERSONNEL AND
READINESS

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

JUN 12 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE
AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC
AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

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) Centers for Disease Control and Prevention, "Travelers Prohibited from Entry to the United States," Last reviewed on May 28, 2020
 - (b) Centers for Disease Control and Prevention, "COVID-19 Travel Recommendations by Country," Last reviewed on May 28, 2020
 - (c) Secretary of Defense Memorandum, "Modification and Reissuance of DoD Response to Coronavirus Disease 2019 – Travel Restrictions," April 20, 2020
 - (d) Defense Security Cooperation Agency COVID-19 Guidance for International Training and Education Programs, April 29, 2020
 - (e) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 10) – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing," June 11, 2020
 - (f) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 9) – Department of Defense Guidance for Deployment and Redeployment of Individuals and Units during the Novel Coronavirus Disease 2019 Pandemic," May 26, 2020
 - (g) DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," March 28, 2019
 - (h) Security Assistance Management Manual, Chapter 10, International Training
 - (i) World Health Organization Emergency Use Listing for In vitro diagnostics (IVDs) Detecting SARS-CoV-2 Nucleic Acid (https://www.who.int/diagnostics_laboratory/200608_eul_sars_cov2_product_list.pdf?ua=1)

This memorandum prescribes DoD guidance for the 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, civilian students, dependents, scholars, and faculty and staff participating in formal and informal military education and training programs at U.S. Government facilities.

Effective immediately, and through September 30, 2020, DoD Component heads, military installations, security cooperation personnel, and military training and education 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. It 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 policy 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 International Military Students 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.



Matthew P. Donovan

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. To the extent possible, SCOs will inform them 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 international travel orders, all participants and authorized dependents (P&AD) must comply with the Security Assistance Management Manual (SAMM) healthcare coverage requirements (Chapter 10, Section 9), including coverage for COVID-19.
- For International Military Students (IMS) or authorized dependents who are required to have a commercial health insurance policy to comply with the SAMM healthcare coverage requirement, the partner nation must also provide, unless waived by the Defense Security Cooperation Agency (DSCA), a Letter of Indemnification that addresses potential pandemic medical treatment costs, as described below.
 - Many medical insurance policies do not include coverage for COVID-19, and available medical insurance policies that cite pandemic coverage are often dynamic, cost prohibitive, and potentially restrictive in application.
 - In order to protect the health and welfare of all IMS and their dependents, the SCO (and, on request, the DoD Component) will include a Letter of Indemnification from the partner nation in conjunction with medical insurance coverage that is in compliance with SAMM healthcare coverage requirements (Chapter 10, Section 9), including pandemic coverage, for all P&ADs.
 - The Letter of Indemnification will serve as a protection of last resort should conflicts in available pandemic coverage arise.
 - The Letter of Indemnification should cover any unpaid medical care expenses associated with COVID-19 or other medical needs that exceed commercial policy coverage for both the IMS as well as any authorized dependents.
 - Receiving DoD Components will review the medical insurance policy language for pandemic coverage. The SCO will upload any required Letter of Indemnification issued by the partner nation into the Security Cooperation Training Management System for the receiving DoD Component's review and approval.
- Medical Fast Track waivers for COVID-19 are not authorized.
- Intermediate stops prior to arrival into the United States are not authorized. This does not include layover flights.

- Restriction of Movement (ROM): All P&ADs will be informed prior to departure from their home countries of the ROM requirement upon arrival in the United States and must abide by the 14-day ROM.
- Pre-departure Testing:
 - When feasible, P&AD will present documentation to the SCO of a recent COVID-19 test with negative test results, preferably taken within 48 but no more than 72 hours of scheduled arrival in the United States.
 - Where feasible, this COVID-19 test should be undertaken with products on the World Health Organization (WHO) Emergency Use Listing for In vitro Diagnostics for Detecting SARS-CoV-2.
 - P&ADs who test positive for COVID-19 or who are symptomatic of COVID-19 may not travel. For the purposes of this guidance, a P&AD who has a temperature higher than 100.4°F or who reports feeling unwell 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

- SCOs should work with partner nation counterparts to encourage P&ADs that arrive on commercial flights to travel through one of the “funnel airports” identified by the Department of Homeland Security for appropriate screening for COVID-19 symptoms.
- 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 relevant DoD guidance.
- P&ADs will bring their own authorized masks; cloth masks are required, at a minimum. SCOs and training program managers should plan to provide masks in the event that a P&AD arrives without a mask, and will plan to provide masks to P&ADs until it is feasible for P&ADs to purchase their own masks.
- If the P&AD was not screened by the Department of Homeland Security upon entry into the United States, a DoD Component representative will, if feasible, conduct a temperature check and ensure the P&AD completes a medical screening questionnaire at

the first available opportunity or when the P&AD reports to the education program location.¹

- If a P&AD exhibits or reports any COVID-19 symptoms, has a temperature higher than 100.4°F or 38°C, 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 compliance with DoD guidance and State and local laws.
- If any P&AD is eligible for DoD-provided medical care through a separate written agreement with the Department, 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 the terms of the 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, DoD, State, and local guidelines.
- If P&ADs do not exhibit or report any COVID-19 symptoms, and do not exhibit a high temperature, they will then proceed directly to the ROM location and, where feasible, be transported by DoD Component/installation-authorized vehicles.
- P&ADs should remain in ROM at a designated location for 14 days. DoD, through the Military Departments, will provide medical screening and facilitate compliance with social distancing requirements.
 - ROM-Associated Costs:
 - For Foreign Military Sales training funded by partner nations, ROM-associated costs are the responsibility of the partner nation, and may be paid either: (1) by the partner nation directly; (2) by the IMS directly; or (3) if authorized, by DSCA, billed to the applicable Foreign Military Sales case.
 - For training funded by U.S. grant assistance, the U.S. Government may be able to pay for ROM-associated costs for the IMS only. Whether U.S. Government payment of such costs is permissible must be analyzed in the context of the specific legal authority relied upon to fund the IMS training. If the U.S. Government lacks the authority or is unwilling to pay such costs, ROM-associated costs will be the responsibility of the partner nation. Responsibility for ROM-associated costs must be resolved prior to IMS departure for training.

¹ Guidance to support questionnaire development is at <https://www.cdc.gov/coronavirus/2019-ncov/php/riskassessment.html>.

- During the ROM period, P&ADs must complete the COVID-19 Symptom Monitoring Form 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 (IT) 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, and State and local COVID-19 guidance, including guidance related to sheltering-in-place and social distancing. If at any time a P&AD does not comply with COVID-19-related guidance, he or she may be dis-enrolled from training and returned home.
- 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.
 - P&ADs must comply with the local Commander's guidance on the requirements for ROM.
 - If an authorized dependent tests positive for COVID-19 and/or presents symptoms consistent with COVID-19 during a military education and training program, the International Military Student Office (IMSO) will immediately notify a DoD Component representative who, where feasible, will work with the appropriate healthcare provider to determine whether further medical evaluation or intervention, including hospitalization, is required. All such notifications and follow-on care will comply with applicable DoD guidance as well as State and local laws and requirements. Where and when appropriate, the DoD Component will conduct contact tracing and assess the required response at the training or educational installation.

- Course implementation and attendance will adhere to CDC, 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 home country due to COVID-19 travel restrictions, local installation personnel are authorized to continue to provide support until safe travel routing is available. P&ADs may not extend their stay beyond a time when safe travel is available without first coordinating with the local training installation commander or IMSO.
- 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 DoD Component's discretion to determine the best method of maintaining accountability on the whereabouts and welfare of P&ADs while they await transportation.
- P&ADs will not depart the local area of the completed training facility until a fully defined, confirmed flight itinerary is in place to leave the United States. DoD Components are responsible for coordination with the SCO to amend international travel orders to avoid its expiration while P&ADs await transportation. IMSOs will report to the DoD Component if any P&AD does not comply with Service monitoring requirements or Service instructions regarding where the P&AD needs to await transportation.
- If P&ADs choose not to remain under the protective 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 to such travel. If P&ADs are unable to continue to follow-on training, the SCO will coordinate closely with the Services or designated security assistance training organization to return 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 Centers for Disease Control and Prevention 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 14 days upon arrival at your training installation and monitor your health daily using the form below.

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: _____ _____

13		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: _____ _____
14		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: _____ _____