



**DEPARTMENT OF THE NAVY**  
COMMANDING OFFICER  
U.S. NAVAL STATION GUANTANAMO BAY CUBA  
PSC 1005 BOX 25 FPO AE 09593-0100

NSGBINST 6210.1A  
N00  
26 May 21

U.S. NAVAL STATION, GUANTANAMO BAY, CUBA INSTRUCTION 6210.1A

From: Commanding Officer, U.S. Naval Station, Guantanamo Bay, Cuba

Subj: BASE ROM POLICY AND COVID-19 TRAVEL MITIGATION PROCEDURES

- Ref:
- (a) Under Secretary of Defense Force Health Protection Guidance (FHP) (SUPPLEMENT 20) – Department of Defense Guidance for Personnel Traveling During the CORONAVIRUS Disease 2019 Pandemic, 12 April 2021
  - (b) Secretary of Defense Memorandum Guidance for Commanders' Risk Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease of 2019 Pandemic, 29 April 2021
  - (c) NAVADMIN 113/20 Restriction of Movement (ROM) Guidance Update
  - (d) NAVADMIN 073/21 Navy Mitigation Measures in Response to Coronavirus Outbreak, Update 7
  - (e) NAVADMIN 052/21 Procedures for Foreign Visit Requests to U.S. Navy Command During COVID-19 Pandemic
  - (f) NAVADMIN 095/21 Interim Update on DOD Mask Guidance, 141556Z MAY 21
  - (g) NAVADMIN 099/21 U.S. Navy COVID-19 Standardized Operational Guidance (SOG), 241900Z MAY 21
  - (h) NSGBINST 1050.1(Series)
  - (i) NSGBINST 5530.4(Series)

- Encl:
- (1) NSGB GUIDANCE
  - (2) Traveler Health Declaration for Primary Exit Screening (Air Terminal Form)
  - (3) Secondary Screening Health Declaration Form
  - (4) Modified ROM ETP, v5
  - (5) Public Event ETP Waiver, v4
  - (6) Unit Gathering Request, v3
  - (7) ROM Release Sponsor only Screening Form v5
  - (8) ROM Release Sponsor\_Dependents Screening Form v5

1. **Purpose.** This notice provides local guidance to U.S. Naval Station Guantanamo Bay, Cuba (NSGB) and all tenant commands for promulgation of procedures for Coronavirus Disease (COVID-19) and/or future pandemics, to include Restriction of Movement (ROM) for personnel entering NSGB, exceptions to policy, vaccination categories, or other procedures recommended by NSGB Emergency Management and Navy Medical staff in support of incoming and personnel onboard the installation. Due to the unique geographical location and community vulnerabilities, a consistent response is essential to containing the risk of infectious disease transmission.

2. **Cancellation.** NSGBINST 1050.2 and NSGBINST 6210.1.

3. Applicability. This instruction applies to all personnel entering NSGB from OCONUS, and/or personnel who exhibit COVID-19 symptoms diagnosed by a medical provider. This instruction remains applicable during the COVID-19 pandemic response.
4. Background. NSGB remains fully operational to support the Fleet, warfighters, and the military community onboard the installation. To ensure the continued care of our people, while maintaining a high level of operational readiness, ROM standardization across NSGB's community is necessary. In accordance with reference (a) through (i), these preventative measures are intended to mitigate the risk of transmissions and solidify the community's commitment to combating the spread of COVID-19.
5. Review responsibility. The Emergency Manager is overall responsible for the annual review of this instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9.
6. Records management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1.



J. A. FISCHER

Distribution and releasability:

This instruction is cleared for public release and is available via NSGB Public Share Drive

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GUIDANCE TABLE OF CONTENTS**

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## CHAPTER 1 Vaccination Status and Procedures

### **100. Definitions for COVID-19 Vaccinated Status**

1. **Current Vaccines.** According to Centers for Disease Control and Prevention (CDC) guidance, there are currently three authorized vaccines to protect against COVID-19: Pfizer-BioNTech (2 doses, 21 days apart), Moderna (2 doses, 28 days apart), and Johnson & Johnson (1 dose). Any future approval of a COVID-19 vaccine (or other pandemic vaccine) may be approved for installation access pending CDC guidance, Defense Health Agency (DHA) approval, or higher level authority.
  
2. **Vaccinated.** An individual is considered fully vaccinated two weeks after receiving the last dose of the full series of a CDC recommended vaccine (as defined above). Personnel who are fully vaccinated and wish to voluntarily provide proof of vaccination, will not be required to execute ROM and no Restriction of Movement (ROM) Plan is required. Other COVID vaccine cards and medical forms may be submitted to the Public Health Emergency Officer (PHEO) or Public Health team for further review. Emergency Management (EM) email distro: [usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil](mailto:usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil).
  
4. **Unvaccinated.** An individual is considered unvaccinated if they have not received any CDC recommended COVID-19 vaccine, have not completed the full series of a COVID-19 vaccine, or if it has been less than 14 days since the completion of the full series of a COVID-19 vaccine. Unvaccinated personnel will adhere to ROM restrictions and submit a ROM plan to Emergency Management personnel at least 48 hours prior to check in at Air Terminal or Port Visit.
  
5. **Restriction of movement (ROM).** General DOD term for limiting personal interaction to reduce risk to the health, safety and welfare of a broader community. Installation Commanding Officer may insist on more stringent ROM recommendations based on Public health medical professionals, CDC, or DHA policies.

### **101. Waiver Process for Exceptions to Policy**

1. Complete enclosures (4) through (6) as required for the exception to policy (ETP) and email to [usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil](mailto:usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil).
  
2. Once risk assessments are completed by Public Health and Emergency Management, the request will be forwarded to the ICO for final approval.
  
3. Risk assessment documentation process.
  - a. Requestor fills out documents and signs as Requesting Official.
  
  - b. OIC/DH signs document(s) as an assumption of risk.
  
  - c. NAVSTA EM receives document(s) from requestor.

- d. Public Health receives document(s) from EM to begin risk assessment process.
- e. NAVSTA EM finalizes risk assessment process and prepares document(s) for ICO approval.

**102. Incoming/Returning Personnel Procedures**

1. All personnel will comply with Emergency Management and Medical representatives upon arrival as they conduct Health Screening assessments on the aircraft, or in a designated area to ensure safety to the community.
2. After the initial health assessment, personnel arriving via aircraft will exit the plane, or designated area, identify baggage for transport and board busses provided by the installation. Personnel will remain on the bus during transportation to the Lyceum for baggage claim.
3. After arrival at the Lyceum, personnel will follow instructions based on their vaccination status:
  - a. Vaccinated (as defined in section 100.b), who voluntarily provide proof of vaccination, will gather their luggage and will not be required to follow ROM restrictions. Please be sure to work with your sponsor or base representative for transportation.
  - b. Unvaccinated (as defined in section 100.c), will gather their luggage and meet with sponsor for transport to their ROM location. Security and Emergency Management will be on scene to verify sponsor, ROM personnel information and ROM location. From the central pick up location, the unvaccinated personnel must remain in the vehicle until arrival at their approved ROM location. There will be no intermediate stops or exiting the vehicle between the central pick up location and approved ROM location.
4. All personnel executing ROM shall also follow procedures in paragraph (200).
5. For Port Calls, access and procedures will be approved by the ICO. Submit all requests through EM and the Public Health team.

## **CHAPTER 2**

### **ROM and Additional Leave Requirements**

#### **200. ROM Procedures:**

1. An approved ROM Plan will be required to accompany leave requests for all unvaccinated personnel arriving or returning to NSGB. ROM plans will be approved at the Department Head level or equivalent and shall be sent to EM for tracking purposes.

2. ROM procedures and restrictions onboard NSGB:

a. Unvaccinated personnel will remain in designated ROM location for 14 days. They may leave the ROM location once released by qualified personnel and EM personnel have received the correct ROM release forms.

b. Boundary definitions.

(1) NGIS, Navy Lodge, and CBQ: no outside activity is permitted, boundary is inside the unit.

(2) Family housing: boundary is inside the unit and backyard.

(3) Other locations: under supervision of the sponsoring command / department, can establish a boundary with no public contact that extends up to 25 feet from ROM location.

(4) Those in Family Housing may transit to/from the nearest dumpster for trash disposal between 2000-2359 local. ROM personnel must wear a face covering and maintain strict social distancing. Unaccompanied or temporary housing will not take out their own trash, contact your housing director or front desk for questions.

(5) ROM personnel who do not have laundry facilities in their unit will adhere to social distancing guidelines, wear a mask and only use the closest community laundry facilities to the designated ROM locations between the hours 2000-2359 daily, or as directed by the housing manager.

(6) Vaccinated personnel who meet their 14 day post-vaccine immunity period while on ROM will be required to adhere to ROM restrictions until they meet the full definition of vaccinated in Chapter 1 of this instruction. The same process for release (as described below) will be followed.

e. Regardless of vaccination status, individuals not assigned to the ROM locations (Visitors) will not be allowed within the boundary of the ROM location. During deliveries to ROM location, all personnel will keep 6 feet of social distancing at all times.

f. ROM Violations will not be tolerated. Any person(s) found to be in violation of ROM Policy or Procedures could face disciplinary action and/or an additional 14 day ROM period.

g. ROM release shall be conducted by personnel with proper training by either phone or in person (social distancing, masks and gloves as required). If individual in ROM does not show symptoms, and interviewer deems the individual ready to be released, the person conducting the interview will fill out and sign enclosure (7) or (8) as required and email it to EM, [usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil](mailto:usn.gtmo.navstagtmobaycu.list.n37-em@mail.mil).

#### **201. ROM Plan for Shared Living Quarters.**

1. If a member occupies a shared living space, they must include information for all personnel sharing that living space on their ROM request. Relocation of members who did not leave NSGB but are impacted by ROM requirements must be approved by NSGB's Housing Director (or as delegated).
2. Leave for personnel in shared living quarters or shared bathroom facilities will be handled on a case-by-case basis. They will be identified early, develop their ROM plan with all personnel sharing living quarters and will have specific locations identified prior to approval. The ROM plan will be approved by their Department Head, the Housing office and Emergency Management.
3. If all personnel sharing the same living quarters are vaccinated, no ROM plan will be required; refer to paragraph 202.

#### **202. Vaccination status and ROM Policy for Family Housing Residents.**

1. An unvaccinated family is defined as a sponsor and dependents sharing a single housing unit where each member of the household has not received an authorized COVID-19 vaccination series. Unvaccinated families living in family housing upon return from travel shall use procedures outlined in paragraph (102) and the entire household will be required to adhere to ROM restrictions.
2. A vaccinated family is defined as a sponsor and dependents sharing a single housing unit where all family members are fully vaccinated as defined in paragraph 100.b. Vaccinated families living in family housing will not be required to execute ROM procedures.
3. In the case of a household containing a mix of vaccinated and unvaccinated individuals, the unvaccinated personnel will adhere to ROM procedures and restrictions, the vaccinated personnel will follow guidance below and telework is recommended. Telework will be in accordance with department or tenant command policy. Vaccinated personnel in this case:
  - a. Shall wear masks when outside the designated ROM location.
  - b. Should practice social distancing to the maximum extent possible.
  - c. Should not attend any community events.

- d. Should utilize all base food delivery programs.
  - e. Should limit travel on base to work site, ROM location and NEX / Commissary as needed. Individuals should social distance, and sanitize their hands.
4. Those minors ineligible for vaccination must adhere to ROM restrictions. Vaccinated individuals caring for ineligible minors are not required to ROM, but will ensure ineligible personnel are cared for in accordance with NSGB Policies. Vaccinated individuals in this situation have unrestricted movement on base.
5. If a vaccinated family member returns to NSGB while the other unvaccinated family member(s) who did not travel, no ROM plan or restrictions will apply for any family member in the household.
6. If an individual requests to self-isolate away from others in ROM location, they shall include additional location information in the remarks section of the Leave request and/or ROM plan.

### **203. Plan and Paperwork Routing Guidance.**

1. ROM Plan Routing
  - a. LPO
  - b. LCPO
  - c. DIVO
  - d. Housing Office (Shared living quarters only)
  - e. Department Head (Approval)
  - f. Emergency Management (Data entry)

### **204. Leave Guidance.**

1. Military leave request routing and guidance: In accordance with reference (h) and/or most recent NSGBNOTE 1050 regarding Holiday Leave and Liberty. Add ROM location and vaccination status in comments sections.
2. Civilian (non-dependent) personnel should follow current leave approval guidelines with their supervisor. Unvaccinated personnel are still required to supply a ROM plan to EM department for approval.
3. Base access for visiting personnel in accordance with reference (i). Unvaccinated personnel are still required to supply a ROM plan to EM department for approval.

**204. Tenant Command Guidance.**

1. All tenant commands will align their policies with NSGB, utilizing their approved living spaces and approval processes.
2. For any leave or travel that requires return to NSGB, unvaccinated personnel are still required to supply a ROM plan to EM department for approval.

**205. Dependent Guidance.**

1. All sponsors are required to supply the Emergency Management department with an approved ROM plan for unvaccinated dependents at least 48 hours prior to travel.

TRAVELER HEALTH DECLARATION FOR PRIMARY EXIT SCREENING

version 20 April 2021

Each traveler needs a separate form.

Date: \_\_\_\_\_

Last (family) name: \_\_\_\_\_ First (given) name: \_\_\_\_\_ Sex: Male  Female

Citizenship: \_\_\_\_\_ Country of residence: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year)

Affiliation (circle): MIL / CIV / CTR / DEP / OTHER Service (circle): AF / ARMY / NAVY / MC / CG DoD ID# \_\_\_\_\_

Flight number: \_\_\_\_\_ Date of destination arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year) Seat number on plane: \_\_\_\_\_

Final destination address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Do you have a mobile phone? Yes  No  Mobile number: \_\_\_\_\_

DO YOU HAVE or HAVE YOU RECENTLY EXPERIENCED (within the past 14 days) any of the following symptoms ?  
(Answer All of the Following):

- Fever or Chills.....YES \_\_\_\_\_ NO \_\_\_\_\_
- Cough.....YES \_\_\_\_\_ NO \_\_\_\_\_
- Shortness of Breath or Difficulty Breathing..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Fatigue..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Muscle or Body Aches..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Headache..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Loss of Smell or Taste..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Sore Throat..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Congestion or Runny Nose..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Nausea or Vomiting..... YES \_\_\_\_\_ NO \_\_\_\_\_
- Diarrhea..... YES \_\_\_\_\_ NO \_\_\_\_\_

Are any symptoms answered "Yes?" YES \_\_\_\_\_ NO \_\_\_\_\_

- 1. Have you tested positive for COVID-19 within the last 10 days? YES \_\_\_\_\_ NO \_\_\_\_\_
- 2. Have you been tested for COVID-19 but have not received the results? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3. Have you had contact with a person suspected or known to be infected with COVID-19 within the last 14 days? YES \_\_\_\_\_ NO \_\_\_\_\_
- 4. Are you currently in a ROM status? YES \_\_\_\_\_ NO \_\_\_\_\_

I certify that I have answered these questions truthfully:

\_\_\_\_\_  
Passenger Signature or Authorized Sponsor

\_\_\_\_\_  
Date

**\*\*SCREENING STAFF WILL COMPLETE SECTIONS BELOW AND ON NEXT PAGE\*\***

Temperature:  Visible signs of illness: Yes  No

If passenger marked "YES" to ANY primary screening question, if they look ill and/or if their temperature is over 100.4, mark "Referred for secondary screening"

Medically cleared for travel  Referred for secondary screening

\_\_\_\_\_  
Screener (must legibly print name and rank (if applicable), sign and date):

26 May 2021

**TRAVELER COVID-19 TEST EXEMPTION DOCUMENT VALIDATION**

SCREENING STAFF WILL VALIDATE THE FOLLOWING SECTIONS--AS APPLICABLE

 Yes  No 1. PROOF OF NEGATIVE COVID-19 TEST:

Date/Time documented on test: \_\_\_\_\_

Name/Type of test documented: \_\_\_\_\_

 Yes  No 2. MEDICAL CLEARANCE LETTER (FOR COVID-19 RECOVERY WITHIN 90 DAYS)

Date of positive COVID-19 test: \_\_\_\_\_

 Yes  No 3. COVID-19 TEST WAIVER Yes  No 4. FULLY VACCINATED: 2 WEEKS POST-COMPLETION OF COVID-19 VACCINATION SERIES  
(SERIES COMPLETION = 2 DOSES PFIZER/MODERNA OR 1 DOSE J&J/JANSSEN ADMINISTERED)

Date of Series Completion \_\_\_\_\_

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 **Screener (must legibly print name and rank (if applicable), sign and date):**

# TRAVELER HEALTH DECLARATION FOR SECONDARY EXIT SCREENING

version 20 Apr 2021

**1. Demographic Information**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**2. Repeat Temperature:** \_\_\_\_\_

**3. Medical History of Passenger--Must specifically check & document all positive responses from the Primary Screening Form. \*\*\*IF ANY "YES" BOXES ARE CHECKED, PASSENGER HAS RELEVANT HISTORY THAT MUST BE ADDRESSED IN SECTION 5\*\*\***

**a. Relevant 14-day History. Provide date of onset, last date experienced, and whether symptom is attributable to a chronic condition.**

YES NO

Fever/Chills: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Cough: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Shortness of Breath/Difficulty Breathing: Onset \_\_\_\_\_

\_\_\_\_\_ End \_\_\_\_\_ Other   Fatigue: Onset \_\_\_\_\_

\_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Muscle/Body Aches: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Headache: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Loss of smell/taste: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Sore Throat: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Congestion/Runny Nose: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

Nausea/Vomiting: Onset \_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_   Diarrhea: Onset \_\_\_\_\_

\_\_\_\_\_ End \_\_\_\_\_ Other \_\_\_\_\_

**b. Traveler has taken the following medications within 7 days (must check and document all positive responses):**

YES NO

Antibiotic/antiviral/antiparasitic(s) in the past week; list with date(s) started:  
\_\_\_\_\_

Fever-reducing medications (i.e. acetaminophen, ibuprofen, etc.); list medication/last date & time taken:  
\_\_\_\_\_

Other medications (related to symptoms/illness listed); list medication/date & time of last dose:  
\_\_\_\_\_

**c. Relevant exposures in the last 14 days (must check and document all positive responses):**

YES NO

Date of Exposure: \_\_\_\_\_

Passenger's relationship with the COVID-19 positive person (ie. friend, colleague, family member)? \_\_\_\_\_

Exposure was within 6 feet/2 meters of the positive individual? \_\_\_\_\_

Exposure greater than 15 minutes? \_\_\_\_\_

**d. COVID-19 Test History (must check and document all positive responses):**

YES NO

Passenger has history of POSITIVE COVID-19 test. List test date(s) \_\_\_\_\_

Passenger has history of NEGATIVE test result. List date(s) \_\_\_\_\_

Reason for prior COVID-19 test (symptoms, close contact, etc) \_\_\_\_\_

**4. Other Relevant Past Medical History. INCLUDE DETAILS ON MEDICAL CARE FOR COVID-19 SYMPTOMS WITHIN THE LAST 30 DAYS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26 May 2021

5. Secondary Screening Review. If "YES" answers are present in Secondary Exit Screening, Section 3, passenger is at increased risk for travel.

\*\*\*IF PASSENGER RELEASED FOR TRAVEL, MUST PROVIDE DETERMINATION BELOW (check all that apply):

- Symptoms attributable to other condition (list) \_\_\_\_\_
- Medication use either:  chronic, or  not associated with symptoms
- Passenger previously cleared by:  Negative testing, or  Medically (symptom/time-based return)
- Other: \_\_\_\_\_

6. Disposition of passenger:

- Cleared Secondary Medical Screening - *release to travel*
- Not cleared to travel - *refer to Isolation or Medical Treatment Facility*

\_\_\_\_\_  
Screener (legibly print name and rank [if applicable], sign and date)

\_\_\_\_\_  
Reviewing Provider (print name)

THIS INFORMATION IS SUBJECT TO THE PRIVACY ACT OF 1974

POC HQ AMC/SGP

Exemption to Policy Request Form, U. S. Naval Station, Guantanamo Bay

Rank/ Full Name: \_\_\_\_\_

Tenant Command: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Information Required:**

1. Date of ROM Exception to Policy: \_\_\_\_\_ to \_\_\_\_\_

Start Date

End Date

3. List ROM Personal Name (s) and vaccination status:

Name	Fully Vaccinated	Partially Vaccinated	Not Vaccinated

4. Has members' ROM Location Been Secured?                      Yes                      No

a. If Yes, Where: \_\_\_\_\_

5. What are ROM Personal Demographics (check all that apply):

Active Duty

Civilian

Contractors

6. What is the primary activity during the ROM period?

\_\_\_\_\_

7. Is this ~~Non-Mission~~ Mission Essential                      Mission Essential                      Mission Critical

8. Explain reasoning for Question 7. What would the result be if this ETP could not be granted?

Exemption to Policy Request Form, U. S. Naval Station, Guantanamo Bay

Concerning ROM Request for \_\_\_\_\_ personal from \_\_\_\_\_ to \_\_\_\_\_ with the  
primary activity of \_\_\_\_\_.

**ROM Mitigation Plan:** Be as detailed as you can, including work location, hours, escort, PPE, etc.

What are the references you are utilizing for COVID-19 Mitigation Strategies?

What is the primary method to monitor the compliance of the below listed mitigation plan?

Requesting Individual CAC Signature: \_\_\_\_\_

Exemption to Policy Request Form, U. S. Naval Station, Guantanamo Bay

Concerning ROM Request for \_\_\_\_\_ personal from \_\_\_\_\_ to \_\_\_\_\_ with the primary activity of \_\_\_\_\_.

**Officer in Charge Evaluation and Risk Assumption:**

As the Officer in Charge for \_\_\_\_\_ (command), I have reviewed the Restriction and Movement (ROM) Plan, validated public health guidance and NAVSTA Policy regarding ROM. I both acknowledge and assume the risk if it is found that the individual(s) are found to have COVID-19 and may have exposed base residents. In this circumstance, I understand that multiple individuals may be placed in quarantine pending a public health investigation with possible degradation to the mission. I understand that I will have the responsibility for enforcement of the ROM mitigation plan as written to include providing public health with a full list of possible exposures. Knowing all of these factors, my recommendation is as follows:

Recommended                      Not Recommended

Officer in Charge CAC Signature: \_\_\_\_\_

**Public Health Evaluation:**

**Risk Assessment:**              Low                      Medium                      High                      Very High

**Public Health Recommendation:**

Recommended                      Not Recommended

Public Health CAC Signature: \_\_\_\_\_

**Emergency Management Evaluation:**

**Risk Assessment:**              Low                      Medium                      High                      Very High

**Emergency Management Recommendation:**

Recommended                      Not Recommended

Emergency Manager CAC Signature: \_\_\_\_\_

**Naval Station Guantanamo Bay Leadership, Final Decision:**

Approved                      Denied

Base Leadership CAC Signature: \_\_\_\_\_

**Public Event Exemption to Policy, Request Waiver, Naval Station Guantanamo Bay**

Rank/ Full Name: \_\_\_\_\_ Tenant Command: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Respectfully request to set-up an event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
with the primary objective of \_\_\_\_\_.

**Information Required:**

1. How many attendees? \_\_\_\_\_

2. What are the Attendees Demographics (check all that apply):

Active Duty     Civilian     Contractors     Dependents

3. Are children (< 18 year old) allowed at the event?     Yes     No

4. Location of Event ( include indoor / outdoor): \_\_\_\_\_

5. Space Max capacity: \_\_\_\_\_

6. Is social distancing of 6 feet or greater going to be able to be achieved?     Yes     No

7. Will mask wearing be a requirement? \_\_\_\_\_

8. Will there be a way to sanitize hands upon entry? \_\_\_\_\_

9. Who will clean the space afterwards? \_\_\_\_\_

10. How long will the event take? \_\_\_\_\_

11. Any considerations for temperature checks upon entering? \_\_\_\_\_

12. Will food be served? If yes, how will food be prepared, on or off-site?  
\_\_\_\_\_

13. Who will serve the food? Will it be self-serve or will someone serve?  
\_\_\_\_\_

14. What would the result be if this gathering could not take place?

15. What are the references you are utilizing for COVID-19 Mitigation Strategies?

16. What is the primary method to monitor the compliance of the below listed mitigation plan?

**Public Event Exemption to Policy, Request Waiver, Naval Station Guantanamo Bay**

Concerning event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ with the primary  
objective of \_\_\_\_\_.

**Event Description and Mitigation Plan**

Requesting Individual CAC Signature: \_\_\_\_\_

**Public Event Exemption to Policy, Request Waiver, Naval Station Guantanamo Bay**

Concerning event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ with the primary objective of \_\_\_\_\_.

**Officer in Charge Evaluation and Risk Assumption:**

As the Officer in Charge or Program Director for \_\_\_\_\_ (command), I have reviewed the event plan, validated public health guidance and NAVSTA Policy regarding large gatherings. I understand that I, or my designated appointee \_\_\_\_\_ (name), will have the responsibility for enforcement of the mitigation plan as written. Knowing all of these factors, my recommendation is as follows:

Recommended                       Not Recommended

Officer in Charge CAC Signature: \_\_\_\_\_

**Public Health Evaluation and Risk Assessment:**

Risk Assessment:     Low                       Medium                       High                       Very High

**Public Health Recommendation:**

Recommend                       Not Recommend

Public Health CAC Signature: \_\_\_\_\_

**Emergency Management Evaluation and Risk Assessment:**

Risk Assessment:     Low                       Medium                       High                       Very High

**Emergency Management Recommendation:**

Emergency Manager CAC Signature: \_\_\_\_\_

**Naval Station Guantanamo Bay Leadership, Final Decision:**

Approved                       Denied

Base Leadership CAC Signature: \_\_\_\_\_

**Unit Event Exemption to Policy, Request Form, Naval Station Guantanamo Bay**

Rank/ Full Name: \_\_\_\_\_ Tenant Command: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Respectfully request to set-up an event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

with the primary objective of \_\_\_\_\_.

**Information Required:**

1. How many attendees? \_\_\_\_\_

2. What are the Attendees Demographics (check all that apply):

Active Duty     Civilian     Contractors     Dependents

3. Are children (< 18 year old) allowed at the event?  Yes     No

4. Location of Event (include indoor/outdoor): \_\_\_\_\_

5. Space Max capacity: \_\_\_\_\_

6. Is social distancing of 6 feet or greater going to be able to be achieved?  Yes     No

7. Will mask wearing be a requirement? \_\_\_\_\_

8. Will there be a way to sanitize hands upon entry? \_\_\_\_\_

9. Who will clean the space afterwards? \_\_\_\_\_

10. How long will the event take? \_\_\_\_\_

11. Any considerations for temperature checks upon entering? \_\_\_\_\_

12. Will food be served? If yes, how will food be prepared, on or off-site?

\_\_\_\_\_

13. Who will serve the food? Will it be self-serve or will someone serve?

\_\_\_\_\_

14. What would the result be if this gathering could not take place?

Unit Event Exemption to Policy, Request Form, Naval Station Guantanamo Bay

Concerning event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ with the primary  
objective of \_\_\_\_\_.

**Event Description and Mitigation Plan** (Include PPE required)

What are the references you are utilizing for COVID-19 Mitigation Strategies?

What is the primary method to monitor the compliance of the above listed mitigation plan?

Unit Event Exemption to Policy, Request Form, Naval Station Guantanamo Bay

Concerning event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ with the primary  
objective of \_\_\_\_\_.

Roster of Attendance for Contact Tracing Purposes:

--

Requesting Individual CAC Signature: \_\_\_\_\_

Unit Event Exemption to Policy, Request Form, Naval Station Guantanamo Bay

Concerning event on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ with the primary objective of \_\_\_\_\_.

**Officer in Charge Evaluation and Risk Assumption:**

As the Officer in Charge for \_\_\_\_\_ (command), I have reviewed the event plan, validated public health guidance and NAVSTA Policy regarding large gatherings. I both acknowledge and assume the risk if the above large gathering were to take place and it is found that someone with COVID-19 was in attendance the event. I understand that I will have the responsibility for enforcement of the mitigation plan as written to include updating the final attendance roster upon a request from public health. I understand that multiple individuals at the event will be placed in quarantine pending a public health investigation with possible degradation to the mission. Knowing all of these factors, my recommendation is as follows:

Recommended       Not Recommended

Officer in Charge CAC Signature: \_\_\_\_\_

**Emergency Management Evaluation:**

Is Package Complete with all required components?       Yes       No

Emergency Manager CAC Signature: \_\_\_\_\_

**Naval Station Guantanamo Bay Leadership, Final Decision:**

Approved       Denied

Base Leadership CAC Signature: \_\_\_\_\_

26 May 2021

Sponsor Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Format of Interview:  Telephone  In-Person

\*Note, in-person interviews require Cloth Mask Face Covering\*

In the past 72 hours have you had any of the following symptoms? (List all to the sponsor, check any which apply):

 Difficulty Breathing Acute Headache Chills Nausea / Vomiting Fever/Feverish Diarrhea Sore Throat Abdominal Pain Shortness of Breath Loss of Sense of Smell Acute Muscle Pain Loss of Sense of Taste CoughDoes the sponsor have any of the above symptoms?  YES  NO

If YES, individual will be contacted by a member of the hospital to discuss symptoms and tentative ROM release.

Is sponsor cleared to be released from ROM?  YES  NO

By signing this form, you have been identified as a competent ROM release authority and have completed the ROM Release Interview for the above sponsor.

Interviewer's Name: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Dependents at ROM Location to be cleared from ROM:

Res 2. \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Res 3. \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Res 4. \_\_\_\_\_

Res 5. \_\_\_\_\_

Res 6. \_\_\_\_\_

Format of Interview:  Telephone  In-Person

\*Note, in-person interviews require Cloth Mask Face Covering\*

In the past 72 hours have you had any of the following symptoms? (List all to the member, check any which apply):

Symptoms	Sponsor	Res 2	Res 3	Res 4	Res 5	Res 6
Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever/Feverish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea / Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sense of Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sense of Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the sponsor or dependents have any of the above symptoms?  YES  NO

If YES, individual will be contacted by a member of the hospital to discuss symptoms and tentative ROM release.

Is sponsor / dependents cleared to be released from ROM?  YES  NO

By signing this form, you have been identified as a competent ROM release authority and have completed the ROM Release Interview for the above sponsor and dependents.

Interviewer's Name: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_