INCOMING PERSONNEL	CONTACT FORM- OKINAWA
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THIS DOCUMENT CONTAINS <u>CONTROLLED UNCLASSIFIED INFORMATION (CUI) – PRIVACY SENSITIVE</u>: THIS FORM MAY CONTAIN PERSONAL DATA OR LEGAL PRIVILEGED INFORMATION PROTECTED FROM DISCLOSURE BY THE FREEDOM OF INFORMATION ACT (FOIA), 5 USC SECTION 552, AND/OR THE PRIVACY ACT, 5 USC SECTION 552A. REVIEWING, COPYING, DISTRIBUTING, OR OTHERWISE DISSEMINATING THIS FORM IS STRICTLY PROHIBITED WITHOUT THE RECIPIENT HAVING A VALID NEED TO KNOW IN THE PERFORMANCE OF YOUR PRIVACY ACT OFFICER IMMEDIATELY. ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES.

In order to minimize wait times at the Kadena Terminal in Okinawa, we kindly ask that you fill this form out in its entirety ahead of your arrival. Upon landing, please hand the form to a member of Task Force PCS (Uniformed Marine) before going through customs. This will ensure the timely scheduling of your Exit Test from RoM. Please don't hesitate to reach out to a member of our Task Force upon arrival, and welcome to Okinawa!

IF UNACCOMPANIED DEPENDENT PLEASE INPUT YOUR SERVICE MEMBER'S INFORMATION IN SECTION 1 AND YOUR INFORMATION IN SECTION 4.

1. Service member/primary/head of household traveler info	rmation		
Name (Last, First, MI):			
DoD ID/EDIPI (or SSN):			
Date of birth:			
Date departed CONUS:			
Service (CIRCLE ONE): ARMY AIR FORCE NAVY M	IARINES CIVILIAN D	ODEA	
Other (please specify):			
Rank/Grade:			
Unit (ON ISLAND):			
2. Contact Information (valid number & email must be provided in order for ROM exit test scheduling)			
Dhana Numhani	al Facalla		
Phone Number: Persona	al Email:		
3. ROM Information (valid ROM location must be provided in order for ROM exit test to be administered)			
ROM Location (CIRCLE ONE): Courtney Foster Futenma	a Hansen Kinser Schwab		
WestPac Off-base	other (please specify):		
ROM Building Number/ address (IF KNOWN):			
ROM Room Number (IF KNOWN):			
Sponsor/Supervisor Rank & Name:			
Sponsor Phone Number:	Sponsor Email:		
4. Dependent Information, if applicable (include all travelers	• • •		
DEPENDENT EDIPI NUMBERS CAN BE LOCATED BY LOGGING IN TO H	<u>TTPS://WWW.DMDC.OSD.MIL</u> ANI	D SELECTING "MY PROFILE"	
Dependent Name	EDIPI (if applicable)	Date of Birth	
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The principal purpose of this form is to collect information used for public health emergency pertaining to COVID-19, to protect the health and safety of individuals working, residing on, or assigned to DoD installations, facilities, field operations, and commands, and to protect the DoD mission. The information submitted will be maintained in accordance with the Privacy Act of 1974.