



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON JAPAN
UNIT 45006
APO AP 96343-5006

AMIM-JNG-ZA (1e)

MEMORANDUM FOR: Uniformed Member under Restriction of Movement (ROM);
Name(s): _____

SUBJECT: Restriction of Movement Directive for **Non-Military Personnel (Fully COVID-19 Vaccinated – not up to date and not otherwise exempt from Restriction of Movement)**

1. Background. **This ROM directive replaces the 14 March 2022 version of this memorandum.** This directive is issued to safeguard the health and safety of the military and Japanese communities. This directive applies to all military members assigned, attached, or performing duty for U.S. Army Japan (USARJ) no matter the location of ROM. Personnel conducting ROM on, or subject to, another service branch installation policy(s) will follow the directed policy(s); if doubt exists between this directive and another policy, the more restrictive policy applies.

2. You have been identified as requiring ROM in accordance with U.S. Force Japan (USFJ) Force Public Health Order 22-004 and revisions. The term U.S. Army Medical Department Activity-Japan (MEDDAC-J), as used in this directive also includes other Military Treatment Facilities. **Your unit representative will be your primary point of contact while you are in ROM.**

Your Unit Representative is (name) _____

at (phone or email) _____.

3. This ROM is voluntary on your part. However, if you choose not to comply, violation of any of the terms of this directive may result in short- or long-term loss of access to all USFJ facilities, up to and including a bar from post, as well as other possible administrative actions. Your compliance must continue throughout the entire period of ROM in order to accomplish its purpose of ensuring the health and well-being of the entire U.S. Army Garrison Japan community. Failure to submit to ROM, Isolation, or Quarantine requirements may result in a loss of access to all U.S. Army Japan facilities, up to and including a bar ROM post, as well as other possible administrative actions. Non-military members may be ordered into isolation if they contract COVID-19 (Local National Employees will only be isolated after coordination with the Government of Japan).

4. Your ROM period is scheduled from _____ to _____.

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All Department of Defense (DoD) uniformed personnel, members of the civilian component, and individuals with State of Forces Agreement status arriving in Japan from another country that are fully but not up-to-date, to include individuals on Temporary Duty, shall travel directly to a U.S. installation or their off base residence and or an **on-installation ROM** period of **7 days (168 hours)** after arrival in the Japan Area of Responsibility). To be considered up to date with vaccinations, personnel must have 1) received a COVID-19 booster shot; or 2) have concluded their initial vaccination series within six months (Pfizer and Moderna) or two months (Johnson & Johnson). All travelers must conduct a COVID-19 test upon arrival in Japan and will be restricted to their domicile, residence or ROM facility until in receipt of negative results of the arrival COVID-19 test. Once in receipt of the negative results from the arrival COVID-19 test, either hard copy or electronic copy, the following conditions apply:

- a. Vaccination status will be reviewed by a competent medical authority. All travelers will carry a physical or electronic copy of their completed vaccination card or other medical record of vaccine administration for verification on arrival.
- b. Public transportation while in a ROM status is only authorized for movement from the airport of entry to the designated ROM location and only once in receipt of a negative arrival COVID test result issued by the respective airport or Military Treatment Facility (MTF) staff. This is to assist travelers with arrival to their ROM location. Strict COVID mitigation measures must be followed during transit to include mask wear. After arrival to their ROM location, public transportation is not authorized until released from ROM.
- c. On or after day 3 of ROM individuals may take a viral COVID test and if the result is negative they may end ROM after day 3.
- d. Asymptomatic individuals may exit ROM without a viral test after day 7 of ROM. Personnel residing off-installation, must remain in their domicile or may conduct travel non-stop between their domicile and place of work on a U.S. installation via Privately Owned Vehicle/Government Owned Vehicle or cycling/walking during their ROM. Off-installation the use of mass transit is not authorized. Upon receipt of a negative COVID-19 test in Japan, by either MTF or approved commercial means (to include Japanese testing conducted upon arrival to commercial international airports), essential services off installation is authorized for fully vaccinated personnel.
- e. During the ROM period, fully-vaccinated individuals may have access to all on-installation facilities while maintaining strict COVID mitigation procedures. Upon receipt of a negative COVID-19 test in Japan, by either MTF or approved commercial means (to

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include Japanese testing conducted upon arrival to commercial international airports), essential services off installation is authorized.

f. For information regarding laundry, pets, smoking, recreation, exercise, and getting outside while in ROM, refer to the ROM Handbook, available at: <https://www.usarj.army.mil/misc/covid19/>.

5. Termination of this Directive.

a. This ROM period will terminate when one of the following conditions are met: (1) the ROM period listed in paragraph 4 above has been completed or (2): the ROM Exit test option listed in paragraph 4, line C has been elected.

b. If you are completing ROM in a residence off of a DoD installation, you may be authorized to leave your residence in order to elect the ROM Exit Test option. Contact your unit Point of Contact (POC) and/or supervisor or call MEDDAC-J Family Medicine at Defense Switched Network (DSN) 263-4175 or 046-407-4175 for ROM Exit Test procedures.

6. Medical Treatment. If you develop any symptom(s) of illness during the ROM period (fever, cough, difficulty breathing, loss of taste/ smell), you will notify the medical treatment facility first, then your unit representative and inform them of your symptoms. MEDDAC-J will coordinate further medical care. DO NOT report to the MTF or any other public or private medical facility. If you have other medical issues such as a severe toothache or concerning medical condition communicate these to your unit representative/ MEDDAC-J for assistance.

7. Support. Coordinate your needs for support during your period of ROM with your command through your unit representative. Should you have any questions about this directive, contact your unit representative. If you require support that your unit is not providing contact the Emergency Operation Center at DSN 315-263-3330.

8. Amendment. This order may be amended and supplemented pending further guidance from medical authorities and command channels.

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9. Any questions concerning this directive should be addressed to your sponsoring organization supervisory chain. The POC for this directive is Mr. Joseph Espiritu at DSN 315-263-3020 or joseph.p.espiritu.civ@army.mil.

CHRISTOPHER L. TOMLINSON
COL, MI
Commanding

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Acknowledgement of Delivery

Instructions: An appropriate unit representative, supervisor, or DoD Sponsor will deliver a copy of the above directive to the person in ROM status. The person delivering the memo will deliver the directive maintaining proper distance and contact methods. The delivering person is to fill out the details below and this acknowledgement is to be saved a responsible unit member.

Notice of Delivery of the above directive

At _____ hours on the _____ date of _____, a copy of this directive was delivered to: _____.

I asked them to read the directive and let me know if they had any questions. They indicated they read the directive. If they had questions, I passed these to the appropriate leader.

Printed name of the person with knowledge of the delivery:

_____.

Signature: _____.

Date: _____.