



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 **Military Personnel (Not Fully COVID-19 Vaccinated 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 will be adhered to.
2. You have been identified as requiring ROM in accordance with U.S. Force Japan 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. All Service Members are required to adhere to the directives of medical personnel and Commanders regarding an order into ROM, Quarantine, or Isolation. Failure to submit to ROM, Quarantine, or Isolation requirements may result in a loss of access to USARJ facilities, up to and including a bar from the installation, Uniform Code of Military Justice punishment, and adverse administrative action.

4. Your ROM period is scheduled from \_\_\_\_\_ to \_\_\_\_\_.

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 not fully vaccinated (14 days after a 2 dose series or single dose vaccine), to include individuals on Temporary Duty, shall travel directly to their domicile and remain there for an **in-home ROM period of 7 days (168 hours)** after arrival in the Japan Area of Responsibility). All travelers must conduct a COVID-19 test

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upon arrival in Japan. 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.
- e. 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 requirements of the ROM Exit test option listed in paragraph 4, line C have been met.
- 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

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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.
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](mailto: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: \_\_\_\_\_.