

EXHIBIT 3

**COVID-19 MANDATORY VACCINATION IMPLEMENTATION
GUIDANCE FOR SERVICE MEMBERS
Deputy Director of Staff for COVID-19
3 September 2021**

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Chapter 1

INTRODUCTION

1.1. Purpose. This document provides Department of the Air Force implementation guidance pursuant to the 24 August 2021 Secretary of Defense memorandum and the subsequent 3 September 2021 Secretary of the Air Force memorandum. Accomplishment of mandatory COVID-19 vaccinations will be carried out as soon as possible after receiving this implementation guidance.

1.2. Background.

1.2.1. On 23 August 2021, the US Food and Drug Administration (FDA) approved the Pfizer-BioNTech mRNA COVID-19 vaccine which will be now be marketed as "COMIRNATY®" for prevention of COVID-19 disease in individuals 16 years of age and older. The vaccine also continues to be available under Emergency Use Authorization (EUA) for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

1.2.1.1. The FDA approved COMIRNATY® and the FDA authorized Pfizer-BioNTech COVID-19 vaccine under emergency use authorization have the same formulation and can be used interchangeably.

1.2.1.2. Providers can use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine according to the FDA. Other vaccines may be added to this list in the future.

1.2.2. All other vaccines authorized by the FDA under an EUA will remain voluntary until they receive full FDA approval.

1.2.3. Following the FDA news release, the Secretary of Defense announced that the COVID-19 vaccine would be a requirement for all members of the Armed Forces under DoD authority on active duty or in the Ready Reserve, including National Guard.

1.2.4. Service members voluntarily immunized with a COVID-19 vaccine under FDA EUA or World Health Organization (WHO) Emergency Use Listing (EUL) IAW applicable dose requirements prior to, or after, the establishment of this policy are considered fully vaccinated.

1.3. Key Messages. Education of all levels of the command structure is imperative to ensure the success of this program. The key messages for this vaccination effort are:

1.3.1. Your health and safety are our #1 concern.

1.3.2. The vaccine is safe and effective.

1.3.3. The threat from COVID-19 is real and deadly.

1.3.4. Vaccination offers a layer of protection, in addition to hand washing, use of cloth face masks, social distancing, tele-working, and other non-pharmaceutical interventions.

1.4. Applicability and Scope.

1.4.1. All individuals identified in section 1.2.3.

1.4.2. All other eligible personnel are strongly recommended to voluntarily receive either the approved COMIRNATY® or other FDA EUA or WHO EUL COVID-19 vaccines.

1.4.3. Members who are actively participating in COVID-19 clinical trials are exempt from mandatory vaccination against COVID-19 until the trial is complete.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. AF/DDS COVID-19.

- 2.1.1. As OPR for implementation of the vaccination mandate, develop and implement necessary DAF policy.
- 2.1.2. Provide program oversight.
- 2.1.3. Coordinate with other Services and agencies on policy implementation and execution as appropriate.
- 2.1.4. Review and coordinate requests from MAJCOMs and FLDCOMS for exceptions to policy.

2.2. AF/SG.

- 2.2.1. Coordinate with DHA Director.
- 2.2.2. Serve as the final appeal authority for all denials of requests for religious accommodations per DAFI 52-201.

2.3. MAJCOMs and FLDCOMS.

- 2.3.1. Designate a staff element as OPR for management of implementation of this guidance. (Designate any OCRs as deemed necessary.)
- 2.3.2. Consult with installations on vaccination issues which require command support.
- 2.3.3. Coordinate requests for exceptions to policy with installations and HAF/DDS COVID-19.
- 2.3.4. Adjudicate religious exemptions per DAFI 52-201.

2.4. Installation Commander.

- 2.4.1. Ensure compliance with this guidance by maintaining oversight and ownership of the installation's implementation plan for mandatory vaccination.
- 2.4.2. As needed, develop a base implementation plan consistent with DoD and DAF guidance. The Department of the Air Force plan may be used as the foundation for the installation's implementation plan.

2.4.3. As needed, designate a senior line officer as the installation OIC to oversee the implementation of this guidance and the vaccination mandate.

2.4.4. Direct the Medical Treatment Facility (MTF) Commander or Senior Officer in the Reserve Medical Unit to coordinate the medical administrative and clinical functions of COVID-19 vaccination pursuant to this guidance.

2.4.5. Ensure all installation personnel receive education on the ma as outlined in Chapter 3 of this plan.

2.4.6. Submit requests for exception to policy to MAJCOM and FLDCOM OPRs for coordination.

2.5. Public Affairs.

2.5.1. Prioritize community education and provide support to command teams.

2.5.2. Coordinate responses to media inquiries.

2.6. Legal.

2.6.1. Educate base personnel as needed on relevant legal issues.

2.6.2. Answer any inquiries regarding legal issues related to mandatory vaccination and this guidance (e.g., Freedom of Information Act requests and refusals to receive mandatory vaccinations) and provide guidance to commanders as needed/requested.

2.7. Chaplain.

2.7.1. Assist with vaccine exemptions based on religious accommodations IAW DAFI 52-201. The senior chaplain leads the RRT in providing recommendations to commanders on how to resolve religious matters. See Attachment 1, Religious Accommodation Requests.

2.8. Unit Commanders.

2.8.1. Ensure unit personnel are educated on the vaccine and the vaccination requirement IAW Chapter 3 of this plan. Helpful documents such as "DoD & MHS Talking Points – COVID-19 Updates (29 Jul 21)", "COVID19 Vaccine FAQs_VI_3Aug 2021" and others are accessible from <https://www.milsuite.mil/book/groups/daf-covid-19-vaccine-confidence-working-group-cvcwg>.

2.8.2. Enforce compliance with the mandate from the Secretary of Defense and the Secretary of the Air Force by issuing an order for all unvaccinated members under the unit's command to receive the COVID-19 vaccine.

2.8.3. For personnel subject to the vaccination mandate, manage cases of individual refusal to receive the vaccine IAW section 5.3 of this plan. Begin taking refusal management steps as soon as possible following notification by the MTF of vaccine refusal by a unit member.

2.9. Military Treatment Facility Commander or Local Equivalent.

2.9.1. Provide oversight for all medical administrative and clinical aspects of vaccination IAW DHA-IPM 20-004.

2.9.2. Assign medical provider(s), as needed, to support:

2.9.2.1. The installation's Religious Resolution Team (RRT) and medical counseling for personnel requesting religious waivers;

2.9.2.2. The medical evaluation of personnel requiring a medical exemptions; and

2.9.2.3. Notification of commanders if the initial refusal of the COVID-19 vaccine takes place in the MTF or Points of Dispensing (PODs). (See paragraph 5.3.2.)

2.9.3. Ensure appropriate medical personnel are educated on the clinical and policy aspects of the vaccine program (see Chapter 3). Be prepared to provide additional information to Commanders and individuals.

2.9.4. Ensure a process is in place for access to health care for individuals who may have an adverse reaction to the vaccine.

2.9.5. Ensure those receiving vaccination are offered education prior to vaccine administration.

2.9.6. Oversee management of adverse events IAW DHA-IPM 20-004.

2.9.7. Ensure providers are educated on evaluation for vaccine exemption requests. (See paragraph 3.4.)

2.10. Vaccine Site Coordinator.

2.10.1. Ensure education and training of vaccinators on current vaccination policy is accomplished IAW DHA-IPM 20-004 and any supplemental guidance from DHA-IHD.

2.10.2. Ensure the most current version of the FDA Fact Sheet is readily available/distributed at education venues and within the MTF until an Advisory Committee on Immunization Practices (ACIP)-approved Vaccine Information Statement (VIS) becomes available.

2.10.3. Continue to coordinate with the vaccine coordinators and logistics champions.

2.10.4. For deployers going to countries where yellow shot record is required, ensure COVID-19 vaccine is also documented in their yellow shot record.

2.11. Individuals Receiving Vaccination.

2.11.1. Receive education on the COVID-19 disease threat and information on the vaccine.

2.11.2. Read the FDA Fact Sheet.

2.11.3. Address any concerns with medical staff prior to receiving the vaccine.

2.11.4. Air Reserve Component (ARC) members who receive vaccination outside a military facility will provide documentation to their unit health monitor and reserve medical unit within 72 hours of vaccination.

Chapter 3

EDUCATION PLAN FOR VACCINATION

3.1. General. Education is the key to a successful COVID-19 vaccination program. Commanders at all levels are responsible for educating their personnel before vaccination. This educational program will inform personnel of the following:

3.1.1. The Food and Drug Administration (FDA) has licensed the Pfizer-BioNTech mRNA COVID-19 vaccine, now marketed as "COMIRNATY®," for prevention of COVID-19 disease as well as preventing COVID-19-related serious negative outcomes. (Note: IAW FDA guidance, COMIRNATY® has the same formulation and can be used interchangeably with the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine. Providers can use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine.)

3.1.2. Known and potential benefits and risks of COMIRNATY®.

3.1.3. Only an FDA-licensed vaccine may be mandated; however, Service members may be voluntarily immunized with a COVID-19 vaccine under FDA Emergency Use Authorization (EUA) or World Health Organization (WHO) Emergency Use Listing prior to or after the establishment of this policy and are considered fully vaccinated.

3.1.4. The FDA and Centers for Disease Control and Prevention (CDC) have monitoring systems in place to ensure that any safety concerns continue to be identified and evaluated in a timely manner.

3.2. Key Messages.

3.2.1. Your health and safety are our #1 concern.

3.2.2. The vaccine is safe and effective.

3.2.3. The threat from COVID-19 is real and deadly.

3.2.4. Vaccination offers a layer of protection, in addition to hand washing, use of cloth face masks, social distancing, tele-working, and other non-pharmaceutical interventions.

3.3. Education for Individuals. All unvaccinated personnel (as identified in section 1.2) must receive education on the COVID-19 vaccinations before receiving the vaccine. This applies to individuals initiating or continuing the vaccination series.

3.3.1. The primary mode of providing education to individuals is the FDA Fact Sheet that will be disseminated at the Immunizations Clinic and/or PODs at minimum. Prior to

receiving a fully FDA-approved COVID-19 vaccine or an EUA/EUL COVID-19 vaccine, individuals must have had the opportunity to review the product-specific information.

3.3.1.1. Upon arrival at the MTF to receive the COVID-19 vaccine, individuals will be offered a copy of the product specific Fact Sheet. Prior to administering the COVID-19 vaccine, the immunization technician will confirm the individual has understood the information within the FDA Fact Sheet. Any questions should be addressed prior to vaccination.

3.4. Education for Medical Personnel. Medical personnel are the primary source of information on the disease, the vaccine, and vaccine side effects. For those individuals who experience an adverse event associated with the vaccine, medical personnel will provide the appropriate treatment and referral, if necessary, for diagnosis and treatment of medical conditions.

3.4.1. Military Treatment Facility Commander or local equivalent will ensure that healthcare professionals and vaccinators involved in COVID-19 vaccination review and comply with implementation guidance.

3.4.2. Medical personnel involved with vaccination must understand healthcare-access guidance, procedures for reporting in the Vaccine Adverse Events Reporting System (VAERS) and reasons for medical exemption.

3.4.3. Understand the healthcare provider's roles and responsibilities with medical and administrative exemptions to include religious exemptions.

3.4.4. Personnel providing COVID-19 immunizations must acknowledge training IAW DHA-IPM 20-004.

3.4.5. The Chief of Medical Staff (SGH) will ensure education on the vaccine and the vaccination requirement is accomplished for: clinical supervisors of vaccinators, preventive medicine and public health staff, relevant healthcare providers (e.g., allergy-immunology, ambulatory care, flight medicine, emergency care), and any other provider designated by the Medical Commander. Education must also include the components listed in 3.1.

Chapter 4

MEDICAL ISSUES

4.1. Vaccine Administration.

4.1.1. Administer COVID-19 vaccine IAW DHA-IPM 20-004.

4.1.2. ASIMS will turn "yellow" for not fully vaccinated personnel on 3 September 2021. ASIMS will turn "red" for those not fully vaccinated personnel by the respective timelines.

4.1.3. An order to receive the COVID-19 vaccine is not related to the colors in ASIMS. The colors are for MTF tracking purposes only.

4.1.4. For individuals recently diagnosed with COVID-19, treated with monoclonal antibodies, or treated with convalescent plasma, administer COVID-19 immunization in accordance with recommendations from the CDC, recommendations from the CDC's Advisory Committee on Immunization Practices (ACIP), and FDA guidelines.

4.2. Pregnancy and Nursing Considerations. The COVID-19 vaccine is recommended during pregnancy.

4.2.1. Pregnant Service members (unless under medical exemption) are recommended to receive COVID-19 vaccination consistent with guidance from the CDC, American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM); however, a pregnant Service member with concerns about vaccination during pregnancy may pursue a temporary medical exemption following vaccine counseling from her healthcare provider, as per paragraph 2-6.a.(1)(a) of AFI 48-110.

4.2.2. As needed, consult medical providers to weigh the benefit/risk of getting COMIRNATY® during pregnancy.

4.2.3. Nursing mothers (unless under a medical exemption) are mandated to receive COMIRNATY®.

4.2.4. Individuals seeking information related to vaccination during pregnancy or while nursing are encouraged to access the following website: <https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding>.

4.3. Pre-vaccination Screening. Medically screen patients prior to administering the COVID-19 vaccine to ensure there are no contraindications for receiving the vaccine.

4.4. Adverse Reactions.

4.4.1 General Information. Medical personnel must be prepared to manage perceived or actual adverse events after vaccination: how to minimize them, respond to them, and report

them IAW AFI 48-110. Treat each concern with care; some symptoms following COVID-19 vaccination may or may not be caused by the vaccination, but all deserve individual attention.

4.4.2 Immunization Technician's Role. Immunization technicians will have the most current version of the FDA Fact Sheet and other sources of information available in the clinic, which provide details on potential side effects. If a patient returns to the clinic after receiving a vaccination and indicates that they had an adverse reaction, the immunization technician can, again, provide these information sources to the patient. If the adverse reaction is anything more than a mild, local reaction, they should be referred to a provider. In every case, the patient should be given the option of seeing a provider.

4.4.3 Any serious adverse event temporally associated with receipt of a dose of a fully FDA-approved COVID-19 vaccine or an EUA/EUL COVID-19 vaccine should be immediately evaluated by a privileged healthcare provider. Adverse event management should be thoroughly documented in medical records.

4.4.4. Adverse reactions from DoD-directed immunizations are Line of Duty (LOD) conditions.

4.4.5. Adverse event reporting follow the procedures IAW DHA-IPM 20-004.

5. Medical Exemptions.

4.5.1. Granting medical exemptions is a medical function that must be performed by a privileged military health care provider IAW AFI 48-110. Medical exemptions may be based on pre-existing conditions or result from vaccine adverse reactions and should be consistent with the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines:

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fclinical-considerations.html#vaccinated-part-clinical-trial

See the Medical Exemption Process Attachment for more detail.

4.5.1.1. For the COVID-19 vaccines, IAW CDC guidance, contraindications include: 1) severe allergic reaction (anaphylaxis) after previous dose or to a component of the specific COVID-19 vaccine; 2) immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the specific COVID-19 vaccine; and 3) development of pericarditis or myocarditis after the first dose.

4.5.1.2. Previous infections or positive serology do not exempt Service members from full vaccination requirements. (At this time, DoD, consistent with CDC recommendations, has not determined that a serological test is sufficient to meet the immunization requirements.)

4.5.1.3. Only "MT" or "Medical, Temporary" medical exemption code should be used in ASIMS. A temporary medical exemption for up to 365 days allows future evaluation against other fully approved/biologics license application vaccines.

4.5.2. Granting of medical exemptions may require a duty status change or deployment limitation for the individual. Any change in duty status/deployment eligibility/assignment limitation due to a medical exemption must be processed IAW applicable AFIs.

4.5.2.1. Use of medical exemption codes in ASIMS must be IAW AFI 48-110, Table C-1.

4.6. COVID-19 Vaccine Tracking and Documentation.

4.6.1. The Public Health Office or the Base Operational Medicine Clinic (BOMC) will assist commanders and their designees with ASIMS access.

4.6.2. COVID-19 vaccination documentation will ensure clinical decision making is captured.

4.6.2.1 Vaccination sites using MHS GENESIS will continue to use this EHR platform for vaccination documentation.

4.6.2.2 Vaccination sites using AHLTA will use either ASIMS or AHLTA. Do not double document. Data entered into ASIMS or AHLTA will flow to the other.

4.6.2.3 ASIMS can be used as an alternate in locations (Guard/Reserve) who do not have access to AHLTA/MHS GENESIS but do have ASIMS/ Health Artifact and Image Management Solution (HAIMS) capabilities.

4.6.3. ASIMS will serve as the tracking mechanism for immunizations of Airmen and Guardians.

4.6.4. For deployers going to countries where yellow shot record is required, document COVID-19 vaccine in their yellow shot record.

4.7. Medical Logistics/Vaccine Distribution. The US Army Medical Materiel Agency (USAMMA) is responsible for coordinating the distribution of COVID-19 vaccine within DoD.

4.7.1. Base level medical logistics personnel can order the COVID-19 vaccine from USAMMA.

4.7.2. Ensure proper COMIRNATY® storage requirements are met.

4.7.3. Monitor for any relevant shelf-life extensions.

4.8. Aircrew Management.

4.8.1. Adverse reactions are rare for all vaccines. Benefits of administration of vaccine for this population far outweigh the risks. After receiving COVID-19 vaccine, all flyers, controllers, and special warfare airmen (DD Form 2992 holders) will maintain access to medical care on the ground and not perform aviation-related duties (e.g., flying, controlling, or jumping) for a period of 48 hours after each dose IAW Department of the Air Force Memorandum, "HAF SII 20-02: DNIF Guidance for COVID Vaccines," December 21, 2020. No formal grounding is required for uncomplicated immunizations.

Chapter 5

ADMINISTRATIVE ISSUES

5.1. Exemptions.

5.1.1. Guidance for religious accommodations is found in DAFI 52-201. The MAJCOM, FLDCOM, DRU or FOA commander is the approval and denial authority for religious exemptions. AF/SG is the appellate authority for any religious vaccine exemption requests.

5.1.2. Administrative and medical exemptions are handled and coded IAW AFI 48-110.

5.1.2.1. The only administrative exemption is for members on approved terminal leave.

5.1.2.1.1. Official documentation from the Squadron Commander including the administrative code and duration (specific date, temporary, indefinite) of exemption will be presented to the Immunization Clinic. Validated administrative exemptions will then be entered into ASIMS by the Immunization Clinic staff.

5.1.2.2. Medical Exemptions may be authorized under AFI 48-110. See paragraph 4.5.1. for procedures.

5.2. Healthcare Access Guidelines. At the time of immunization, all vaccine recipients will be provided information on potential adverse events.

5.2.1. Whenever an individual presents to an MTF expressing a belief that the condition for which the treatment is sought is related to an immunization received in a DoD clinic, they are authorized initial or emergency care to evaluate and treat an actual or perceived adverse reaction. Care may also be provided by a civilian medical facility in the following circumstances: an individual believes the situation to be an emergency and the civilian hospital is the nearest facility or an individual is on leave status, TDY or in a non-duty status (ARC personnel) and there are no MTFs within 50 miles. Pre-approval may still be required depending on the specific circumstances when not an emergent situation. Refer to AFI 48-110 for additional guidance.

5.2.1.1. ARC Personnel. If a member suffers an adverse reaction from a DoD-directed immunization while in an approved duty status, it is an LOD condition.

5.3. Refusal Management.

5.3.1. Military Members. A commander ordering a military member to take the COVID-19 vaccine constitutes a lawful order. However, the member's commander may exercise his or her discretion in handling refusal cases. When issuing an order to a military member to take the COVID-19 vaccine, if an individual indicates he or she is going to refuse the COVID-19 vaccination or has initially refused the vaccination the following approach should be used:

5.3.1.1. Find out why the individual is reluctant.

5.3.1.2. Provide the member with appropriate education.

5.3.1.3. Combinations of concerns may require education by a number of people; for example:

5.3.1.3.1. Concerns with vaccine safety, efficacy, or health risks should be sent to the supporting medical organization (if not previously accomplished). Medical education should be tailored to the specific concerns of the individual (efficacy, reproduction, allergic reactions, etc.) and should be accomplished by a health care provider knowledgeable about the COVID-19 vaccine and who is able to address the specific medical concerns of the individual. The medical counseling will be documented in the individual's medical record.

5.3.1.3.2. If the member is still reluctant after additional education, send the member to the Area Defense Counsel for an explanation of the potential consequences of his/her refusal.

5.3.1.4. The commander should ensure the order, and accompanying counseling on appropriate resources, is documented in writing.

5.3.1.5. If the member refuses to follow the order to vaccinate, consult with the servicing Staff Judge Advocate's office for appropriate action.

5.3.1.6. Notify the Immunization Clinic of the decision so the proper administrative code can be entered in ASIMS.

5.3.2. Management of Vaccine Refusal in the Immunization Clinic.

5.3.2.1. If an individual subject to the vaccination requirement, as identified in paragraph 1.2.3 of this plan, refuses a fully FDA-approved COVID-19 vaccine, the technician should notify the Immunization Clinic NCOIC/OIC before that individual leaves the clinic. The NCOIC/OIC (or technician if they are not available) should verify again that the individual has been offered the FDA Fact Sheet and the opportunity to ask questions. Notify the SGH. (Note: IAW FDA guidance, COMIRNATY® has the same formulation and can be used interchangeably with the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine. Providers can use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine.)

5.3.2.2. SGH will ensure appropriate commanders are aware of refusals.

5.3.2.3. Vaccine refusal should be handled with the appropriate regard to the individual's privacy.

ATTACHMENT 1 – RELIGIOUS ACCOMMODATION REQUESTS**Post-Accession Immunization Exemption Requests**

STEPS		NOTES
1	Member requests exemption of immunization requirements via letter addressed to the appropriate approval authority (MAJCOM/FLDCOM) for immunizations)	<p>Include, at a minimum, the name, grade, DoD identification number, faith group, unit, and specialty code of the Airman or Guardian; the nature of the accommodation requested; the religious basis for the request; a comment on the sincerity of the request; and the substantial burden on the member's expression of religion. (DAFI 52-201, par. 5.3)</p> <ul style="list-style-type: none"> • Example at DAFI 52-201, Attachment 6. • Decision authority is member's MAJCOM/FLDCOM, DRU or FOA commander (DAFI 52-201, par. 6.6.1) • Member has a <i>temporary exemption</i> from immunization while request is processing (DAFI 52-201, par. 2.12)
2	Unit commander counsels the requestor after receiving the request	<p>CC should counsel member that noncompliance with immunization requirements may adversely affect readiness for deployment, assignment, international travel, or result in other administrative consequences (DAFI 52-201, par. 6.6.1.1)</p> <p>CC's counseling must be documented in a memorandum and included with the religious accommodation request package.</p>
3	Military medical provider counsels the requestor	<p>Counseling must be documented in a memorandum and included with the request package (DAFI 52-201, par. 6.6.1.)</p> <p>Military provider must ensure member is making an informed decision and should address, at minimum, specific info about the disease concerned, specific vaccine info (including product constituents, benefits, risks), and potential risks of infection for unimmunized individuals (AFI 48-110, para 2-6b.(3)(a)2.)</p>
4	Military Chaplain interviews the requestor	Chaplain must complete Interview Checklist (Attachment 5) and draft written memo (DAFI 52-201, par. 5.4)
5	Submit package to the Religious Resolution Team (RRT) for review.	<p>At Installation level, the RRT will include the commander (or designee), Senior Installation Chaplain (or equivalent), public affairs officer, and staff judge advocate, and a medical provider (DAFI 52-201, par. 3.8.1.1)</p> <p>Wing/Delta Chaplain, as lead for RRT, shall write the memo to the decision authority detailing the RRT recommendation and any dissenting views of others (DAFI 52-201, par. 5.6.3)</p>
6	Staff judge advocate will draft a written legal review.	The review will also state whether the request and enclosures are complete within the provisions of the DAFI 52-201.

11	Member may appeal decision to AF/SG	<p>Member shall address a memorandum to the appeal authority with a copy given to the previous disapproval authority and provide the memorandum to the unit commander for processing (DAFI 52-201, par. 5.8.2)</p> <p>AF/SG is ultimate appeal authority for immunization exemptions (DAFI 52-201, Table 6.1)</p> <p>30 business days to resolve appeal (DAFI 52-201, par. 2.10)</p>
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Checklist for Required Package Items

	Member's request letter (DAFI 52-201, par. 5.3 and 6.6.1)
	Unit CC's Written Counseling w/ requestor (DAFI 52-201, par. 6.6.1.1)
	Chaplain's Interview Memo w/ requestor (DAFI 52-201, par. 5.4 and 4.2.7)
	Military Medical Provider Counseling Memo w/ requestor (DAFI 52-201, par. 6.6.1.2 and AFI 48-110, par. 2-6b.(3)(a)2.)
	SJA Legal Review (DAFI 52-201, par. 5.6.2)
	RRT's Recommendation from Wing Chaplain to Unit CC (DAFI 52-201, par. 5.6.1 and 6.6.1.3)
	Chain of Command Recommendations (DAFI 52-201, par. 6.6.1.5). NOTE: there may be a change in circumstances that requires the accommodation to be reevaluated in the future (e.g., deployment, new duties, or other material change in circumstances). (DAFI 52-201, par. 5.7.2). We recommend CC endorsements consider whether to include any recommended circumstances that would require reevaluation (such as overseas PCS or deployments).