DD Mmm YY

MEMORANDUM FOR MAJCOM/Field Commander/CC

FROM: RANK, FIRST M. LAST (NAME)

SUBJECT: Religious Accommodation Request for Immunization Exemption Waiver

References: (a) DODI 1300.17, *Religious Liberty in the Military Services*, 1 Sept 20.

(b) AFI 1-1, 7 Aug 12, *Air Force Standards*.

(c) AFI 48-110, 16 Feb 18, *Immunizations and Chemoprophylaxis for the Prevention of Infectious*

*Diseases.*

(d) AFPD 52-2, 28 Jul 20, *Accommodation of Religious Practices in the Air Force*.

(e) DAFI 52-201, 23 Jun 21, *Religious Freedom in the Department of the Air Force*.

1. I, (Rank, Name), (Unit), AFSC ####, DOD ID ##########, request a religious/medical exemption from [list specific vaccine(s)] IAW DAFI 52-201, para 2.2.
2. I am a member of the (name of faith group/religion). As I hold to (name sincerely held belief of conscience, religious belief, or moral principle), I am requesting a religious medical exemption for the immunization(s) listed in paragraph 1 above, IAW AFI 48-110, para 2.6.3.a., and DAFI 52-201.
3. (Explanation of Religious Belief/Demonstration of Sincerity: Write a brief paragraph that demonstrates the sincerity of the request. This may include length of time in the faith tradition, activities that require the exemption, the process by which you came to this decision, etc.)
4. AFI 52-201 defines religious burden in para. 2.2.2. I am currently burdened under the category listed (Choose one or more to support: 2.2.3.1 – Required participation in an activity prohibited by a sincerely held religious belief, OR, 2.2.3.2 – Prevents participation in conduct motivated by a sincerely held religious belief, OR, 2.2.3.3 – Places substantial pressure on a Service member to engage in conduct contrary to a sincerely held religious belief)

a. I cite the following as evidence supporting this burden: (Member lists religious text passages, teachings, or historic examples in separate sub paragraphs, illustrating that the government policy burdens them IAW DAFI 52-201 para 2.2.2).

1. I understand that IAW AFI 48-110 and DAFI 52-201 para 2.12 I have temporary exemption from the above listed vaccination(s) while my request is being processed.
2. I understand that I will be counseled by both my commander and a medical provider to assure I am making an informed decision in seeking this exemption and understand that my request may have an adverse impact on my readiness for deployment, assignment, international travel, or have other administrative consequences. To clarify this further, I understand that if granted a religious exemption, there may be administrative impact on my deployability, assignment, or other administrative consequences. Furthermore, I understand that (except with an approved exemption, or while this request is being processed) I may be given a direct order to receive required immunizations. My refusal to comply with a direct order may result in adverse administrative or UCMJ action against me.

a. My commander will counsel me that noncompliance with immunization requirements may adversely impact readiness, deployability, assignment, and/or international travel.

b. A medical provider will ensure I am making an informed decision and, at a minimum, counsel me regarding: the diseases concerned; specific vaccine information including product constituents, benefits, and risks; and potential risks of infection incurred by unimmunized individuals.

1. I understand a chaplain will be assigned to conduct an interview to assess my sincerity of my religious belief and the substantial burden placed upon the free exercise of such belief. By signing this request, I am making a knowing and voluntary waiver of any privilege that may have otherwise applied to this communication with the appointed chaplain, for the limited scope of the aforementioned interview, and authorize the assigned chaplain to advise my leadership with regard to this request and only this request.
2. I understand that my request will reach the decision authority at MAJCOM/Field Commander/CC staff NLT (Choose one: 30 business days [w/in U.S.] / 60 business days [outside U.S.]) days from the date of this memorandum submission to my local unit commander. I understand that the decision authority has an additional 60 days to deliver their decision and notify me accordingly.

1. If you have any questions, please contact (rank, Last name) at (duty contact number) or (duty e-mail).

NAME, Rank, USAF

Duty Title

Attachment: (for single attachment or) 3 Attachments:

1. Attachment description, DD Mmm YY

2. Attachment description, DD Mmm YY

3. Attachment description, DD Mmm YY