DD Mmm YY

MEMORANDUM FOR MAJCOM/CC

FROM: ORG/SYMBOL

 Organization

 Street Address

 City, ST 12345-6789

SUBJECT: Request Exemption of Immunization Requirement

1. [Rank/Name/DoD Identification number/unit/specialty code of the Airman or Guardian] requested exemption from receiving the COVID-19 vaccination.

2. I, [Rank/Name] counseled the above 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)

3. For any questions, please contact me at [cell phone, work phone, email address].

[FIRST M. LAST, RANK, USAF]

Job Title

1st Ind, [Member’s Rank/Name]

MEMORANDUM FOR [123 XX/CC]

1. I acknowledge on \_\_\_\_\_\_\_\_\_\_ I was counseled by my unit commander that noncompliance with immunization requirements may adversely affect my readiness for deployment, assignment, international travel, or result in other administrative consequences in accordance with DAFI 52-201, par.6.6.1.1.

[NAME, Rank, USAF/USSF]