

**STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789**

NGOH-HRO-T

11 January 2022

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Ohio National Guard Title 5 COVID-19 Vaccination Policy (HRO Policy # 22-003)

1. **References:**

a. Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees, dated 9 September 2021.

b. Secretary of Defense Memorandum, SUBJECT: Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members, dated 24 August 2021.

c. Deputy Secretary of Defense Memorandum, SUBJECT: Mandatory Coronavirus Disease 2019 Vaccination of DoD Civilian Employees, dated 1 October 2021.

d. National Guard Bureau Memorandum, SUBJECT: Implementation Guidance for Mandatory Coronavirus Disease 2019 Vaccination of National Guard Title 5 Employees, dated 8 October 2021.

e. Under Secretary of Defense Memorandum, SUBJECT: Force Health Protection (Supplement 23) Revision 3 – Mandatory Coronavirus Disease 2019 Vaccination Attestation, Screening Testing and Verification, dated 20 December 2021.

2. **Cancellation.** This policy supersedes HRO Policy # 21-029, Ohio National Guard COVID-19 Vaccination Policy, dated 12 October 2021.

3. **Purpose.** This policy provides Human Resources guidance to all Ohio National Guard (OHNG) T5 NG Employees and their commanders and supervisors regarding the requirements for COVID-19 vaccinations for federal civilian employees.

3. **Applicability.** This policy applies to all members of the Ohio National Guard (OHNG) Title 5 (T5) National Guard Employees, hereafter referred to as "Employees." Title 32 (T32) Technicians, Active Guard Reserve (AGR) personnel, and all personnel on Full-Time National Guard Duty (FTNDG) must comply with their service-specific guidance regarding COVID-19 vaccination.

4. **Policy.** The OHNG requires all Employees to be vaccinated for COVID-19, or possess an approved exemption. Employees must provide proof of COVID-19 vaccination or an approved exemption to the Human Resources Office (HRO).

a. Pre-Employment Requirements.

(1) All applicants for T5 positions will provide proof of COVID-19 vaccination to the HRO prior to receiving final approval for appointment. This requirement applies to all new appointments (Temporary, Permanent, and Indefinite), conversions to T5 appointments, and transfers from other federal agencies. The HRO will not provide a final approval of a new appointment in the absence of this required documentation.

(2) Applicants for federal job announcements must provide proof of COVID-19 vaccination after accepting a tentative job offer and prior to receiving a final job offer.

(3) Selecting officials may make selections from referral certificates and will delay making final job offers while awaiting documentation of an applicant's vaccination status.

b. Current Employee Requirements.

(1) Employees must complete, sign, and send a DD Form 3175 (Enclosure 2) to their supervisors for completion. Supervisors must submit the completed DD Form 3175s to HRO NLT 31 January 2022. Supervisors will encourage employees to complete the form electronically in MilConnect at <https://milconnect.dmdc.osd.mil/milconnect/> and route it to their supervisors for review and signature in MilConnect (Enclosure 5). Supervisors must complete blocks 8-13 on their employee's DD Form 3175 and email it to HRO at: ng.oh.oharnng.list.j1-hro-lr@army.mil. The preferred method to complete the form is using the automated form flow in MilConnect and then export the completed and signed document as a PDF to send to HRO.

(2) Employees Absent for Uniformed Service (AUS) must provide proof of vaccination and a completed DD Form 3175 prior to restoration to their federal employee positions. HRO must receive proof of vaccination and a completed DD Form 3175 with the employee's Return to Duty (RTD) packet prior to the employee's requested return to work date. No employee may begin working in his or her federal employee capacity without first providing proof of vaccination and a completed DD Form 3175 to HRO.

(3) Fully vaccinated personnel are not restricted from official travel, both domestic and international. Unvaccinated personnel are limited to mission-critical travel. That Adjutant General will determine which travel is "mission-critical." This authority may be delegated no lower than The Adjutant General's principal deputies; The Assistant Adjutant General for Air and the Assistant Adjutant General for Army. This restriction applies to official travel commencing on or after 22 November 2021. All employees conducting official travel must include a signed and completed DD Form 3175, Certification of Vaccination, as a supporting document in the Defense Travel System.

5. COVID-19 Vaccination Requirements. Applicants and employees must meet one of the following requirements for COVID-19 vaccination:

a. Completing the two-dose regimen of a two-dose COVID-19 vaccine (e.g. Pfizer-BioNTech or Moderna),

- b. Completing a single dose of a one-dose vaccine (e.g. Johnson & Johnson/Janssen), or
- c. Possess an approved medical or religious exemption.

6. **COVID-19 Vaccination Documentation**. The HRO will only accept the following documents as proof of COVID-19 vaccination:

- a. Centers for Disease Control and Prevention (CDC) Vaccination Card.
- b. DD Form 2766 or DD Form 2766-C.
- c. DA Form 600.
- d. A copy of medical records documenting COVID-19 vaccination.
- e. Approved medical or religious exemption signed by an authorized exemption approving authority.

7. **COVID-19 Vaccination Exemptions**. Employees may request either a medical exemption or a religious exemption, but not both. The decision authority for exemption requests made by T5 Employees is the Assistant Adjutant General for Air or the Assistant Adjutant General for Army, as appropriate (Enclosure 6). The deadline to submit exemption requests is 26 January 2022. Employees needing additional time to submit exemption requests may request additional time by contacting the Human Resources Office (See paragraph 10 for POC information). Employees who request exemptions must follow all mitigation and screening testing requirements until receiving an approved exemption or becoming fully vaccination, whichever date is later. Employees will use the following instructions to submit exemption requests to the HRO for processing:

a. **Medical Exemptions**. Employees may submit Medical Exemption requests using DD Form 3176 (Enclosure 3) and may include additional documentation as may be necessary to explain the nature of the request. Send completed Medical Exemption requests and the employee's DD Form 3175 to HRO at the following email distribution list: ng.oh.oharnq.list.j1-hro-lr@army.mil. Medical Exemption requests must include the following information, at a minimum:

(1) A description of the medical condition or circumstance that is the basis for the request for a medical exemption from the COVID-19 vaccination requirement;

(2) An explanation of why the medical condition or circumstance prevents the employee from being safely vaccinated against COVID-19;

(3) If it is a temporary medical condition or circumstance, a statement concerning when it will no longer be a medical necessity to delay vaccination against COVID-19; and

(4) Any additional information, to include medical documentation that addresses the employee's particular medical condition or circumstance, which may be helpful in resolving the employee's request for a medical exemption from the COVID-19 vaccination requirement.

(5) If the employee is not submitting their exemption request via DD Form 3176, the employee must provide a copy of a written and endorsed medical statement from a medical provider detailing how the individual's condition and medical circumstances are such that COVID-19 vaccination is not considered safe.

b. **Religious Exemptions.** Employees may submit Religious Exemption requests using DD Form 3177 (Enclosure 4) and may include additional documentation as may be necessary to explain the nature of the request. Send completed Religious Exemption requests and the employee's completed DD Form 3175 to HRO at the following email distribution list: ng.oh.oharnq.list.j1-hro-lr@army.mil. Religious Exemption requests must include the following information, at a minimum:

(1) A description of the religious belief, practice, or observance that is the basis for the request for a religious exemption from the COVID-19 vaccination requirement;

(2) A description of when and how the DoD civilian employee came to hold the religious belief or observe the religious practice;

(3) A description of how the DoD civilian employee has demonstrated the religious belief or observed the religious practice in the past;

(4) An explanation of how the COVID-19 vaccine conflicts with the religious belief, practice, or observance;

(5) A statement concerning whether the DoD civilian employee has previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice. If so, a description of the circumstances, timing, and resolution of the matter; and

(6) Any additional information that may be helpful in resolving the DoD civilian employee's request for a religious exemption from the COVID-19 vaccination requirement.

c. **Processing of Exemption Requests.** The HRO is the office primarily responsible for the staffing of exemption requests. The HRO will staff exemption requests as follows:

(1) Collect exemption requests and maintain the accountability and status of such requests.

(2) HRO will coordinate with subject matter experts to provide input to each request. (e.g. chaplains may review religious exemptions, medical professionals may review medical exemptions). HRO will provide the input of subject matter experts directly to the decision authority.

(3) HRO will request input from the requesting employee's supervisor, as needed, to assess the facts of the employee's request.

(4) HRO will coordinate with the decision authority to provide a written response to the requesting employee regarding the disposition of the exemption request.

(5) Employees have 14 days to receive their first (or only) dose of a COVID-19 vaccine in cases where the decision authority denies the employee's exemption request.

(6) Employees whose exemption requests are denied may submit an appeal to The Adjutant General through the HRO within 14 days of receiving notice of their exemption denial. Employees who refuse to initiate a COVID-19 vaccination regimen after 14 days will start, or continue, the progressive discipline process described in Section 8 of this policy.

8. Vaccination Refusals. Refusing to get vaccinated and refusing to provide vaccination documentation are acts of misconduct. Specifically, these are acts of insubordination and the refusal to follow instructions. Employees who refuse to get vaccinated or provide vaccination documentation are subject to adverse actions up to, and including, removal from employment.

a. Employees who refuse vaccination, or refuse to provide vaccination documentation, will receive a written counseling and educational materials regarding COVID-19 vaccination (Enclosure 2).

b. Employees will then have 5 calendar days after counseling to submit documentation showing they initiated or completed a vaccination regimen, as applicable, or request an exemption. Employees who refuse vaccination following counseling may be subject to progressive discipline.

c. The agency will administer a suspension of 14 days or less, with a 7-day notice period, to employees who refuse vaccination following counseling and education. The agency may choose to terminate the employment of probationary and temporary employees who refuse vaccination following counseling and education. Supervisors must contact the HRO Labor Relations Specialist to coordinate the termination of probationary and temporary employees.

d. The agency will administer a notice of removal to employees who refuse vaccination following a suspension for refusing to get vaccinated. Supervisors must contact the HRO Labor Relations Specialist to coordinate the administration of the removal notification.

e. Discipline and adverse actions will follow procedures in CNGBI 1400.25 Vol 752. Discipline and adverse actions for bargaining unit employees will follow procedures outlined in TPR 752 and the Collective Bargaining Agreement.

f. The point of contact for discipline and adverse actions processes is Mrs. Cheryl Clark, Labor Relations Specialist, at cheryl.l.clark.civ@army.mil.

NGOH-HRO-T

SUBJECT: Ohio National Guard Title 5 COVID-19 Vaccination Plan (HRO Policy # 22-003)

9. Screening Testing Requirements. All unvaccinated Employees will follow the screening testing requirements of the service responsible for such measures at the employee's duty location.

10. Points of contact for this policy are the following members of the Human Resources Office: Mrs. Dana Mowery, at (614) 208-7254 or dana.a.mowery.civ@army.mil; or MAJ Daryl Scott, at (614) 336-7121 or daryl.g.scott.mil@army.mil.

FOR THE ADJUTANT GENERAL:

6 Encls

1. Refusal Counseling
2. DD Form 3175
3. DD Form 3176
4. DD Form 3177
5. MilConnect DD Form 3175 Instructions
6. TAG Exemption Authority Memo

DISTRIBUTION:

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E.K.JR.1052687906
CLARENCE K. MAYNUS, Col, ANG
Director of Human Resources

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MEMORANDUM FOR

SUBJECT: Counseling for Refusing COVID-19 Vaccination

1. References:

a. Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees, dated 9 September 2021.

b. HRO Policy # 22-003, Ohio National Guard COVID-19 Vaccination Plan

2. You refused to receive a COVID-19 vaccination and/or did not provide documentation as proof of initiating or completing the COVID-19 vaccination process. You did not provide or request a COVID-19 vaccination exemption.

3. References a and b require all employees to receive a COVID-19 vaccination and provide documentation as proof of vaccination. You must take the following actions within 5 calendar days of this counseling:

a. View the Center for Disease Control educational video regarding COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

b. View the information regarding ways to obtain the vaccine.
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/How-Do-I-Get-a-COVID-19-Vaccine.html>

c. Initiate or complete a COVID-19 vaccination regimen IAW Reference b.

d. Provide proof of vaccination to the Human Resources Office or request an exemption IAW Reference b.

4. Further refusal to receive a COVID-19 vaccination and provide proof of vaccination is an act of misconduct for refusing to obey a lawful order. You may be subject to adverse actions up to, and including, removal from employment.

Employee's Name: _____ Signature: _____

DoD CIVILIAN EMPLOYEE CERTIFICATION OF VACCINATION

PRIVACY ACT STATEMENT

Authority: Pursuant to 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021), DoD is authorized to collect this information. Additional authorities for the systems of records associated with this collection of information also include: E.O. 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; E.O. 12196, Occupational Safety and Health Program for Federal Employees; 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672; DoD Directive 5525.21; and DoD Instruction 6200.03. Providing this information is mandatory, and DoD is authorized to impose penalties for failure to provide the information pursuant to applicable Federal personnel laws and regulations.

Principal Purpose: This information is being collected and maintained to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, and ensure the safety and protection of the DoD workforce, workplace, and other DoD facilities and environments, consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a person, organization or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency, or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; or agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information as follows: For most Federal civilian employees: OPM/GOVT-10, Employee Medical File System Records, 75 Fed. Reg. 35099 (Jun. 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015). For Federal civilian employees not covered by OPM/GOVT-10: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is mandatory. Unless granted an exemption, all covered Federal civilian employees are required to be vaccinated against COVID-19. Employees are required to provide documentation concerning their vaccination status to their employing DoD Component. Failure to provide this information may subject you to disciplinary action, including and up to removal from Federal service.

INSTRUCTIONS: Section A of this form should be completed by DoD civilian employees only. Section B of this form should be completed by the DoD civilian employee's supervisor (or authorized human resources official). This form should be completed by DoD civilian employees only. Service members and employees of DoD contractors should not complete this form.

SECTION A. To be completed by DoD civilian employees.

1. CIVILIAN EMPLOYEE NAME (Last, First, MI):

2. CIVILIAN EMPLOYEE DoD ID NUMBER:

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

- ☐ 3.a. I am fully vaccinated.
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.
- ☐ 3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).
- ☐ 3.c. I have submitted proof of vaccination to my supervisor.
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.
- ☐ 3.d. I have not received any vaccination doses.
- ☐ 3.e. I have submitted a request for an exemption from vaccination and a decision is still pending.
- ☐ 3.f. I have an approved exemption from vaccination.

4. EMPLOYEE VACCINE INFORMATION (*Employees checking block 3.a. should skip block 4 and go to block 5*):**4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):**

- ☐ Pfizer-BioNTech/Comirnaty
- ☐ Moderna
- ☐ AstraZeneca/Oxford
- ☐ Johnson and Johnson (J&J)/Janssen
- ☐ Novavax
- ☐ Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):

4.b. DATE OF FIRST DOSE:**4.c. DATE OF SECOND DOSE** (*if two-dose vaccine*):**4.d. DATE FULLY VACCINATED:****5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS**

- ☐ I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

6. CIVILIAN EMPLOYEE SIGNATURE:**7. DATE:****SECTION B. To be completed by the supervisor of the DoD civilian employee completing section A (or an authorized human resources official)****8. SUPERVISOR PROOF OF VACCINATION REVIEW**

- ☐ 8.a. Proof of vaccination not received.
- ☐ 8.b. Proof of vaccination received and under review.
- ☐ 8.c. Proof of vaccination received and reviewed.

9. STATUS OF VACCINATION - EXEMPTION REVIEW

- ☐ 9.a. Exemption request received and pending disposition.
- ☐ 9.b. Exemption request received and approved.
- ☐ 9.c. Exemption request received and denied.
- ☐ 9.d. Exemption request not received.

10. SUPERVISOR / AUTHORIZED HR OFFICIAL NAME (*Last, First, MI*):**11. SUPERVISOR / AUTHORIZED HR OFFICIAL DoD ID NUMBER:****12. SUPERVISOR / AUTHORIZED HR OFFICIAL SIGNATURE:****13. DATE:**

REQUEST FOR A MEDICAL EXEMPTION OR DELAY TO THE COVID-19 VACCINATION REQUIREMENT

OMB No. 0704-0619
Exp. 20220430

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

Authority: DoD is authorized to collect the information on this form pursuant to 29 U.S.C. 794, 42 U.S.C. Chapter 21, Subch. VI; Executive Order (E.O.) 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; 29 CFR 1614.203, Rehabilitation Act; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; as well as 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672, 5 U.S.C. chapter 79, and DoD Instruction 6200.03.

Principal Purpose: The information on this form is being collected so that DoD may determine whether to grant your request for a medical exemption from the COVID-19 vaccination requirement for federal employees, pursuant to Executive Order 14043 and in furtherance of COVID-19 workplace safety plans.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. For example, disclosure of medical condition or history information to authorized government officials for the purpose of conducting an investigation into DoD's compliance with the Rehabilitation Act of 1973; disclosure of medical condition or history information to first aid and safety personnel in the event an employee's medical condition might require emergency treatment or special procedures; to Federal agencies/entities participating in the DoD Computer/Electronic Accommodations Program (CAP) to permit the agency to carry out its responsibilities under the program; A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information: DoD 0007, Defense Reasonable Accommodations and Assistive Technology Records, 86 Fed. Reg. 38692 (July. 22, 2010) (available at <https://www.govinfo.gov/content/pkg/FR-2021-07-22/pdf/2021-15601.pdf>).

Consequences of Failure to Provide Information: Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form may impact DoD's ability to evaluate or act upon a request for a medical exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

Instructions: Part 1 is to be completed by DoD civilian employees. Part 2 is to be completed by a licensed health care provider. Provide narrative responses where applicable (Blocks 8-10, 15-17). If additional space is needed, proceed on the appropriate continuation block (Block 11 or 20) by annotating the Section and Line number and continue your narrative response. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

PART 1. TO BE COMPLETED BY THE DOD CIVILIAN EMPLOYEE

1. Employee Name (Last, First, Middle Initial)

2. DoD ID Number

3. Office Symbol

4. Date of Request (YYYYMMDD)

5. Position/Title

6. Supervisor Name

7. Supervisor Phone Number

8. Please provide a description of the medical condition or circumstance that is the basis for the request for a medical exemption from the COVID-19 vaccination requirement.

9. Please provide an explanation of why the medical condition or circumstance prevents you from being vaccinated.

10. Please provide any additional information, that addresses your particular medical condition or circumstance, which may be helpful in resolving your request for a medical exemption or delay from the COVID-19 vaccination requirement. If you have medical documentation (in addition to Part 2 of this Form) that addresses your particular medical condition or circumstance you may submit the documentation to your supervisor along with this form.

11. Continuation

I declare to the best of my knowledge and ability that the foregoing is true and correct.

12. Date (YYYYMMDD)

13. Signature

PART 2. COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER

14. Employee Name

MEDICAL CERTIFICATION FOR COVID-19 VACCINE EXEMPTION OR DELAY

Dear Health Care Provider:

The Department of Defense requires its employees to be fully vaccinated against COVID-19, pursuant to Executive Order of the President of the United States. As indicated in Part 1, the individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the Department in its review process.

Please provide at least the following information, where applicable, and use the continuation block as needed:

15. Please identify any contraindication(s) or precaution(s) for COVID-19 vaccination that are applicable to the individual, and for each contraindication or precaution, indicate:

- (a) whether it is recognized by the U.S. Centers for Disease Control and Prevention pursuant to its guidance; and
- (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States.

16. Please provide a statement detailing how the individual's condition and medical circumstances are such that COVID-19 vaccination is not considered safe. Please explain the specific nature of the medical condition or circumstance that contraindicates immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction.

17. Please provide any other medical information that would limit the employee from receiving any COVID-19 vaccine.

18. The condition described above is:

☐ Temporary

☐ Long-Term/Permanent

19. If the employee is seeking a delay due to a temporary medical condition or circumstance, please indicate when the employee would be able to safely receive a COVID-19 vaccination - provide details if limited to specific COVID-19 vaccine(s) or type(s) of COVID-19 vaccine.

20. Continuation

21. Health Care Provider Name/Title

22. Date (YYYYMMDD)

23. Medical Provider Signature

REQUEST FOR A RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT

PRIVACY ACT STATEMENT

Authority: DoD is authorized to collect the information on this form pursuant to Executive Order (E.O.) 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; 42 U.S.C. Chapter 21, Subchapter VI; 42 U.S.C. Chapter 21B; as well as 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672, 5 U.S.C. chapter 79, and DoD Instruction 6200.03.

Principal Purpose: The information on this form is being collected so that DoD may determine whether to grant your request for a religious exemption from the COVID-19 vaccination requirement for federal employees, pursuant to Executive Order 14043 and in furtherance of COVID-19 workplace safety plans. Consistent with the Religious Freedom Restoration Act of 1993, 42 U.S.C. Chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. Chapter 21, Subchapter VI, individuals seeking a religious exemption from the vaccination requirement will submit to DoD supporting information about their religious beliefs or practices in order for DoD to evaluate the exemption request.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of routine uses may be found in the applicable System of Records Notices (SORN) associated with the collection of this information: [DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records](https://dpold.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf), 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpold.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form may impact DoD's ability to evaluate or act upon a request for a religious exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

Instructions: To be completed by DoD civilian employees. Provide narrative responses where applicable (Blocks 8-11, 12.b, 12.c, 13). If additional space is needed, proceed on the continuation block (Block 14) by annotating the Section and Line number and continue your narrative response. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

1. Employee Name (<i>Last, First, Middle Initial</i>)		2. DoD ID Number
3. Office Symbol		4. Date of Request (YYYYMMDD)
5. Position/title	6. Supervisor Name	7. Supervisor Phone Number
8. Please describe the religious belief, practice, or observance that is the basis for your request for a religious exemption from the COVID-19 vaccination requirement.		
9. Please describe when and how you came to hold the religious belief or observe the religious practice.		
10. Please describe how you have demonstrated the religious belief or observed the religious practice in the past.		
11. Please explain how the COVID-19 vaccines conflict with your religious belief, practice, or observance.		

12.a Have you previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice.

☐ Yes ☐ No

12.b If Yes, please provide a description of the circumstances, timing, and resolution of the matter.

12.c If No, please provide an explanation as to why your objection is limited to the particular COVID-19 vaccines.

13. Please provide any additional information that may be helpful in resolving your request for a religious exemption from the COVID-19 vaccination requirement. You may submit additional documentation in support of this request to your supervisor along with this form.

14. Continuation

I declare to the best of my knowledge and ability that the foregoing is true and correct.

15. Date (YYYYMMDD)

16. Signature

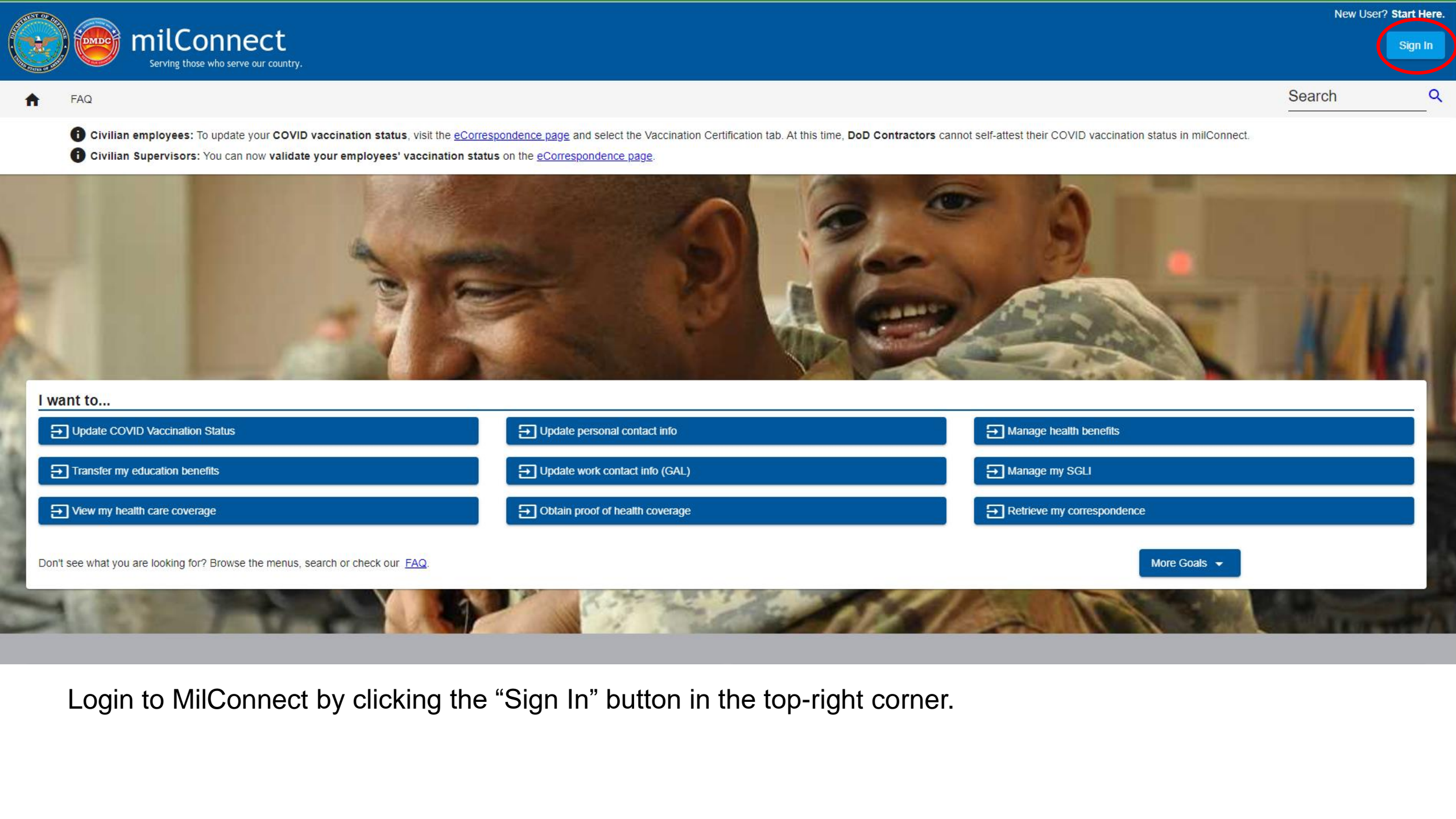
Instructions to Complete a DD Form 3175 in MilConnect

Navigate to this link in your browser:

<https://milconnect.dmdc.osd.mil/milconnect/>

Note: The DoD uses data supplied by MilConnect for COVID-19 vaccination reporting purposes. Every employee may not have ready access to MilConnect so completing a manual DD Form 3175 is acceptable. HRO reports the completion status of all DD Form 3175s separately to capture employees who may not be able to complete the form in MilConnect. Using MilConnect is, however, the preferred method to achieve compliance with this requirement.

POC for questions is MAJ Daryl Scott at daryl.g.scott.mil@army.mil or 614-336-7121.



- Civilian employees:** To update your **COVID vaccination status**, visit the [eCorrespondence page](#) and select the Vaccination Certification tab. At this time, **DoD Contractors** cannot self-attest their COVID vaccination status in milConnect.
- Civilian Supervisors:** You can now **validate your employees' vaccination status** on the [eCorrespondence page](#).

I want to...

[Update COVID Vaccination Status](#)

[Update personal contact info](#)

[Manage health benefits](#)

[Transfer my education benefits](#)

[Update work contact info \(GAL\)](#)

[Manage my SGLI](#)

[View my health care coverage](#)

[Obtain proof of health coverage](#)

[Retrieve my correspondence](#)

Don't see what you are looking for? Browse the menus, search or check our [FAQ](#).

[More Goals](#)

Login to MilConnect by clicking the “Sign In” button in the top-right corner.



milConnect

Serving those who serve our country.

Frequently Asked Questions

ATTENTION ALL USERS: PLEASE READ THE BELOW INFORMATION IN ITS ENTIRETY

ACTION NEEDED: Phone Numbers can be updated by yourself by logging into your DS Logon account and going to "UPDATE CONTACT INFORMATION." This will take you to a screen to update your own phone number and email. Please ensure your phone (e.g., cell, landline) and email address is accurate as future security features will be enabled soon and you won't have access to your DS Logon account if the phone number is not one you can access.

IMPORTANT: After visiting DS Logon or one of our partner sites, CLOSE your browser window AND all open tabs. This will help protect your information and privacy. If you choose not to close your browser and all open tabs, this can enable third parties access to your PRIVATE HEALTH and BENEFIT INFORMATION.

DS Logon

CAC

DFAS

CAC



Login



Need An Account?



Activate My Account



Upgrade To Premium Account

Continue the login process using your CAC.

Self-Service Consent to Monitor

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- While all personal identifying information (PII) data stored on this IS is protected under the Privacy Act of 1974, all communications using this IS, and the data captured to support this IS, are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

[Contact DMDC](#) || [Accessibility/Section 508](#) | [USA.gov](#) || [No Fear Act Notice](#)

OK

Click “OK” to continue.

- i Civilian employees:** To update your **COVID vaccination status**, visit the [eCorrespondence page](#) and select the Vaccination Certification tab. At this time, **DoD Contractors** cannot self-attest their COVID vaccination status in milConnect.
- i Civilian Supervisors:** You can now **validate your employees' vaccination status** on the [eCorrespondence page](#).

I want to...

[Update COVID Vaccination Status](#)[Update personal contact info](#)[Manage health benefits](#)[Transfer my education benefits](#)[Update work contact info \(GAL\)](#)[Manage my SGLI](#)[View my health care coverage](#)[Obtain proof of health coverage](#)[Retrieve my correspondence](#)

Don't see what you are looking for? Browse the menus, search or check our [FAQ](#).

[More Goals](#)

Select the “eCorrespondence page” link.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

Correspondence Proof of Coverage **Vaccination Certification**

COVID Vaccination Certification

Vaccination Status Supervisor Review

CIVILIAN EMPLOYEE NAME (Last, First, MI):
.....

CIVILIAN EMPLOYEE DoD ID NUMBER:
.....

VACCINATION STATUS:
.....

VACCINE MANUFACTURER OR VACCINE PRODUCT NAME:
.....

DATE OF FIRST DOSE:
.....

DATE OF SECOND DOSE (if two-dose vaccine):
.....

DATE FULLY VACCINATED:
.....

SELF-ATTESTATION SUBMISSION DATE:
.....

Generate DD Form 3175

Update DD Form 3175

Select the “Generate DD Form 3175” button.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

Correspondence Proof of Coverage Vaccination Certification

COVID Vaccination Certification

DoD CIVILIAN EMPLOYEE CERTIFICATION OF VACCINATION

PRIVACY ACT STATEMENT

Authority: Pursuant to 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021), DoD is authorized to collect this information. Additional authorities for the systems of records associated with this collection of information also include: E.O. 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; E.O. 12196, Occupational Safety and Health Program for Federal Employees; 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672; DoD Directive 5525.21; and DoD Instruction 6200.03. Providing this information is mandatory, and DoD is authorized to impose penalties for failure to provide the information pursuant to applicable Federal personnel laws and regulations.

Principal Purpose: This information is being collected and maintained to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, and ensure the safety and protection of the DoD workforce, workplace, and other DoD facilities and environments, consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a person, organization or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency, or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; or agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement, or to a person authorized to act on your behalf.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information as follows: For most Federal civilian employees: OPM/GOVT-10, Employee Medical File System Records, 75 Fed. Reg. 35099 (Jun. 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015). For Federal civilian employees not covered by OPM/GOVT-10: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is mandatory. Unless granted an exemption, all covered Federal civilian employees are required to be vaccinated against COVID-19. Employees are required to provide documentation concerning their vaccination status to their employing DoD Component. Failure to provide this information may subject you to disciplinary action, including and up to removal from Federal service.

INSTRUCTIONS: Section A of this form should be completed by DoD civilian employees only. Section B of this form should be completed by the DoD civilian employee's supervisor (or authorized human resources official). This form should be completed by DoD civilian employees only. Service members and employees of DoD contractors should not complete this form.

SECTION A. To be completed by DoD civilian employees.

1. CIVILIAN EMPLOYEE NAME (Last, First, MI):

2. CIVILIAN EMPLOYEE DoD ID NUMBER:

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

☐

3.a. I am fully vaccinated.

Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.

☐

3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).

☐

3.c. I have submitted proof of vaccination to my supervisor.

Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.

☐

3.d. I have not received any vaccination doses.

☐

3.e. I have submitted a request for exemption from vaccination and a decision is still pending.


☐

3.f. I have an approved exemption from vaccination.

Complete SECTION A, Parts 3, 4, & 5 (as needed) of the form by clicking in the check boxes and radio buttons.

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

- ☒ 3.a. I am fully vaccinated.
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.
- ☐ 3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).
- ☒ 3.c. I have submitted proof of vaccination to my supervisor.
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.
- ☐ 3.d. I have not received any vaccination doses.
- ☐ 3.e. I have submitted a request for exemption from vaccination and a decision is still pending.
- ☐ 3.f. I have an approved exemption from vaccination.

 This section is only for employees that are considered partially vaccinated as defined above.

4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):

4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):

- ☐ Pfizer-BioNTech/Comirnaty
- ☐ Moderna
- ☐ AstraZeneca/Oxford
- ☐ Johnson and Johnson (J&J)/Janssen
- ☐ Novavax
- ☐ Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):

Other Vaccine Name

Maximum of 23 characters; Only alphanumerics, dashes, and parentheses are allowed.

4.b. DATE OF FIRST DOSE:

4.c. DATE OF SECOND DOSE (if two-dose vaccine):

4.d. DATE FULLY VACCINATED:

5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS

- ☒ I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

6. CIVILIAN EMPLOYEE SIGNATURE:

7. DATE:

Cancel

Submit Status

Finish the form by checking the box in Part 5 and clicking the "Submit Status" button.

eCorrespondence ?

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

- Correspondence
- Proof of Coverage
- Vaccination Certification

COVID Vaccination Certification

- Vaccination Status
- Supervisor Review

If employees are missing from the list or there are employees on the list who do not report to you, please see information on [MyBiz+ Update MyTeam](#).

Name	Status	Action	
Employee #1	Employee Submitted	View/Update	Generate DD Form 3175
Employee #2	Not Submitted	View/Update	Generate DD Form 3175
Employee #3	Employee Submitted	View/Update	Generate DD Form 3175
Employee #4	Not Submitted	View/Update	Generate DD Form 3175

Supervisors can click on the “Supervisor Review” tab to see a list of employees and their COVID Vaccination Certification status. This list populates from the DCPDS hierarchy.

Click on View/Update to complete the “Supervisor Review” portion of the DD Form 3175.

<input type="radio"/> Johnson and Johnson (J&J)/Janssen	
<input type="radio"/> Novavax	
<input type="radio"/> Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):	4.d. DATE FULLY VACCINATED:
Other Vaccine Name	

5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS

☒ I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

6. CIVILIAN EMPLOYEE SIGNATURE:	7. DATE:
Employee #3	

SECTION B. To be completed by the supervisor of the DoD civilian employee completing section A (or an authorized human resources official)

<div>8. SUPERVISOR PROOF OF VACCINATION REVIEW</div> <div><input type="radio"/> 8.a Proof of vaccination not received.</div> <div><input type="radio"/> 8.b Proof of vaccination received and under review.</div> <div><input type="radio"/> 8.c Proof of vaccination received and reviewed.</div>	<div>9. STATUS OF VACCINATION - EXEMPTION REVIEW</div> <div><input type="radio"/> 9.a Exemption request received and pending disposition.</div> <div><input type="radio"/> 9.b Exemption request received and approved.</div> <div><input type="radio"/> 9.c Exemption request received and denied.</div> <div><input type="radio"/> 9.d Exception request not received.</div>
--	--

10. SUPERVISOR / AUTHORIZED HR OFFICIAL NAME (Last, First, MI):	11. SUPERVISOR DoD ID NUMBER:

12. SUPERVISOR / AUTHORIZED HR OFFICIAL SIGNATURE:	13. DATE:

Cancel

Submit Update

Supervisors will complete SECTION B, Parts 8 and 9 (if needed).

Then click the “Submit Update” button.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

✔ You have successfully validated the employee's COVID-19 Vaccination status.

Correspondence Proof of Coverage Vaccination Certification

COVID Vaccination Certification

Vaccination Status Supervisor Review

If employees are missing from the list or there are employees on the list who do not report to you, please see information on [MyBiz+ Update MyTeam](#).

Name	Status	Action	
Employee #1	Employee Submitted	View/Update	Generate DD Form 3175
Employee #2	Not Submitted	View/Update	Generate DD Form 3175
Employee #3	Supervisor Validated	View/Update	Generate DD Form 3175
Employee #4	Not Submitted	View/Update	Generate DD Form 3175

Supervisors and Employees will see the current status under the “Status” column and will use the “Generate DD Form 3175” button to produce a digitally signed PDF version of the form to send to the Human Resources Office using this email distribution list: ng.oh.oharng.list.j1-hro-lr@army.mil



STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789

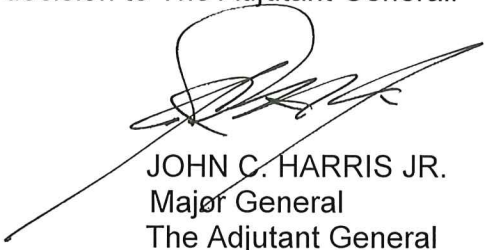
NGOH-HRO

10 DEC 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Delegation of Original Decision Official for Title 5 (T5) National Guard Employee (NGE) Appointed under the Authority of the Ohio Adjutant General (TAG) requesting an Exemption from COVID-19 Vaccination Mandate

1. **Reference.** National Guard Implementation Guidance for Force Health Protection (Supplement 23) Revision 2 – Mandatory Coronavirus Disease 2019 Vaccination Attestation, Screening Testing and Verification, 10 November 2021.
2. **Purpose.** This memorandum delegates the original decision authority and the responsibility to adjudicate all medical and religious exemption requests for T5 NGEs. This delegation preserves the ability for The Adjutant General to serve as the deciding authority for appeals, if applicable.
3. **Applicability.** The delegation of authority applies for all original decisions made for exemption requests submitted by T5 NGEs as follows:
 - a. For T5 NGEs assigned to OHANG activities and units, the decisional authority is the Assistant Adjutant General for Air, Maj Gen James R. Camp.
 - b. For T5 NGEs assigned to OHARNG activities and units, the decisional authority is the Assistant Adjutant General for Army, BG Thomas E. Moore II.
4. All T5 NGEs must be fully vaccinated by 22 November 2021, subject to exemptions as required by law.
5. The original decision official's determination is the agency final decision unless the employee appeals the exemption decision to The Adjutant General.



JOHN C. HARRIS JR.
Major General
The Adjutant General

DISTRIBUTION:
A, D