



**UNITED STATES MARINE CORPS**  
3D MARINE AIRCRAFT WING, FMF  
MARINE CORPS AIR STATION MIRAMAR  
PO BOX 452038  
SAN DIEGO CA 92145-2038

IN REPLY, REFER TO  
3500  
G-3  
**SEP 03 2021**

LETTER OF INSTRUCTION 5-21

From: Commanding General, 3d Marine Aircraft Wing, FMF  
To: 3d Marine Aircraft Wing

Subj: LETTER OF INSTRUCTION FOR IMPLEMENTATION OF COVID-19 INOCULATION ORDER

Ref: (a) SecDef memo on Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members dtd 24 Aug 2021  
(b) ALNAV 062/21  
(c) MARADMIN 462/21  
(d) I MEF COVID Outbreak EXORD 21-001 (Mod 2) dtd 01 Sep 2021

Encl: (1) MCAS Miramar Unit Appointment Schedule  
(2) DHA Form 207, Aug 2021  
(3) Process Flow Chart  
(4) Draft Page 11 Entry (Marine) (refusing inoculation)  
(5) Draft Page 13 Entry (Navy) (refusing inoculation)

1. Situation. Per the references and effective upon release of this letter, all Department of Defense military personnel within 3d Marine Aircraft Wing (3d MAW), who are not already vaccinated or exempted, are required to receive Coronavirus Disease 19 (COVID-19) inoculations with a United States Food and Drug Administration (FDA) licensed and approved COVID-19 vaccine. The vaccine shall be administered within 90 days for all active duty service members or within 120 days for all reserve component service members. Commanders are directed to develop ambitious timelines for implementation.

2. Mission. No later than 15 September 2021, all 3d MAW military personnel, who are not already vaccinated or exempted, report for receipt of their first COVID-19 inoculation with an FDA licensed and approved COVID-19 vaccine, followed by a second COVID-19 inoculation no later than 15 October 2021, in order to enable mission accomplishment and ensure all 3d MAW military personnel, not otherwise exempted, are fully vaccinated against COVID-19 no later than 29 October 2021.

3. Execution

a. Commander's Intent

(1) Purpose. To enable mission accomplishment at the individual, unit, and organizational levels, including such necessary elements of mission accomplishment as military readiness, unit cohesion, good order and discipline, and health and safety.

(2) Method. From 1 to 15 September 2021, all 3d MAW military personnel, who are not already vaccinated or exempted, will be assigned by unit in waves to specified time slots for arrival at a supporting establishment medical treatment facility (MTF) to be administered a COVID-19 inoculation with an FDA licensed and approved COVID-19 vaccine on specified

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duty days. This will be followed by the scheduling and administration of a second COVID-19 inoculation between 21 and 30 days of the individual's first inoculation.

(3) End State. All 3d MAW military personnel, not otherwise exempted, are fully vaccinated against COVID-19 NLT 29 October 2021.

b. Concept of Operations

(1) Phase I: 1 to 12 September 2021

(a) Phase I began with publication of reference (d).

(b) Unit commanders, 3d MAW G-1, and 3d MAW medical staff will reconcile vaccination status through unit rolls and the Medical Readiness Reporting System (MRRS) to properly identify all unit personnel still requiring the prescribed COVID-19 inoculation.

(c) No later than (NLT) COB 10 September 2021, unit Commanders will ensure all personnel not already fully vaccinated against COVID-19 or exempted as reflected in MRRS are identified and notified of their specified time slot at a supporting establishment MTF to be administered a COVID-19 inoculation or be counseled on their refusal of inoculation.

(2) Phase II: 13 to 15 September 2021. On specified duty days, all 3d MAW military personnel who are not currently fully vaccinated against COVID-19 or exempted in MRRS will report to receive a COVID-19 inoculation with a FDA licensed and approved COVID-19 vaccine at the supporting establishment MTF for their unit. Marine Corps Air Station (MCAS) Miramar units will be assigned specific times by 3d MAW via the MCAS Miramar Unit Appointment Schedule (Enclosure (1)). Units not located on MCAS Miramar will coordinate specific times for their units/personnel with their respective supporting MTF. These appointment times and locations will be the individual's appointed place of duty. All 3d MAW military personnel not already reported as fully vaccinated against COVID-19 or exempted in MRRS are required to be at the assigned MTF at the time specified to either receive an inoculation, begin appropriate administrative action to document their refusing inoculation, or to prove and correct immunization status in MRRS. Appropriate unit leadership and enablers will be present during each unit's scheduled time until unit completion. All inoculations or exemptions will be reported in MRRS for an individual within 24 hours of administration of the vaccine or granting of an exemption. Any individual who refuses an otherwise available COVID-19 inoculation with a FDA licensed and approved COVID-19 vaccine will be counseled on their refusal in accordance with governing guidelines and may be subject to appropriate punitive or administrative action. Enclosure (3) provides a visual depiction of this concept and Enclosure (4) or (5), as applicable, will be used by Group and Squadron/Battalion Commanders to document any inoculation refusal on the date of the refusal.

(3) Phase III: 16 September to 15 October 2021. Phase III pertains to Wing military personnel who are not fully vaccinated against COVID-19 or exempted as of the completion of Phase II. Units will be responsible for ensuring military personnel under their command are scheduled and receive their second COVID-19 inoculation between 21 and 30 days of receiving their first inoculation. All inoculations or exemptions will be reported in MRRS for an individual within 24 hours of administration of the vaccine or granting of an exemption. Individual units are responsible for tracking and reporting the completion of Phase III for their unit. Any individual who refuses an otherwise available COVID-19 inoculation with a FDA licensed and

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approved COVID-19 vaccine will be counseled on their refusal in accordance with governing guidelines and may be subject to appropriate punitive or administrative action. Enclosure (3) provides a visual depiction of this phase and Enclosure (4) or (5), as applicable, will be used by Group and Squadron/Battalion Commanders to document any inoculation refusal on the date of the refusal.

(4) Phase IV: NLT 29 October 2021. Phase IV reflects the 14-day period necessary to achieve "fully vaccinated" status after an individual receives their last dose of the prescribed COVID-19 inoculation. This phase will also encapsulate any remaining disposition decisions, as permitted during that time period, for individuals that refused inoculation.

c. Tasks

(1) Commanding General. Pursuant to reference (c), initial disposition authority for cases arising from COVID-19 vaccine refusals is withheld to the general court-martial convening authority level.

(2) Commanding Officers for MAG-11, MAG-13, MAG-16, MAG-39, MACG-38, and MWHS-3

(a) NLT 10 September 2021, identify appropriate leadership and enablers to assist with data input, crowd control, and initiation of appropriate punitive or administrative action at each supporting establishment MTF during Phase II for each unit.

(b) NLT 10 September 2021, ensure all military personnel not already reported as fully vaccinated against COVID-19 in MRRS or exempted are identified and notified of their requirement to be vaccinated for COVID-19 and their specified time slot at their respective supporting MTF.

(c) NLT 10 September 2021, be prepared to track and provide daily vaccination status updates of military personnel who have not received their first COVID-19 inoculation and who are not already fully vaccinated against COVID-19 or exempted within parent and subordinate commands.

(d) Ensure all identified unit leadership, enablers, and military personnel not reported as fully vaccinated against COVID-19 or exempted in MRRS are present at their specified time slot at their respective supporting MTF.

(e) NLT 15 September, ensure all assigned military personnel with no previous COVID-19 inoculation on record or exempted report to receive at least (1) COVID-19 inoculation with a FDA licensed and approved COVID-19 vaccine.

(f) NLT 1 October 2021, ensure all assigned military personnel who received their initial COVID-19 inoculation of a two dose vaccine, prior to the release of reference (d), receive a second COVID-19 inoculation within 30 days of their initial inoculation.

(g) NLT the same day an assigned military personnel refuses the prescribed inoculation against COVID-19, counsel that military member on their refusal in accordance with governing orders utilizing Enclosure (4) or (5), as applicable.

(h) No earlier than six days after an assigned military personnel refuses inoculation and receives an initial counseling, forward the matter through the chain of command to the Commanding General via the Wing

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SJA for initial disposition with an opinion of whether the individual's refusal is "reasonable" or "unreasonable" and a recommendation of whether the individual's refusal warrants punitive or administrative action, to include separation, based upon the situation and any then approved or pending administrative or other exemption established in Military Department policy. Units will not run initial counseling on unit diary until the initial disposition decision is reached in the matter, unless otherwise directed. The initial counseling will be included in the submitted disposition package. A template forwarding endorsement will be provided to Commanders by the Wing SJA.

(i) NLT 29 October 2021, ensure all assigned military personnel, not otherwise exempted, are fully vaccinated against COVID-19 and that both individual and unit reporting of such is complete.

(j) Grant administrative exemption (i.e., a non-medical decision) from the prescribed inoculation only when the commander determines that an individual member has a valid reason to remain unvaccinated temporarily, typically for a brief (30 days or less) period. This administrative exemption should rarely be utilized. Examples of situations warranting such include, but are not limited to: the member is currently in an approved leave status for the next 20 days and is unable to report to the an MTF to receive the vaccination; the member is pending flight operations/deployment/embarcation in the next 48-hour period and receiving the vaccination would adversely affect mission execution; a member indicates intent to be immunized with a COVID-19 vaccine under FDA Emergency Use Authorization (EUA) within the next five days rather than receive their otherwise scheduled inoculation with a FDA licensed and approved COVID-19 vaccine; a member seeks religious or medical exemption through defined policy within five days of being counseled on their inoculation refusal and the member is pending decision by separate authority on that request. Proximity to separation or retirement is not a valid reason for exemption.

(k) Track and record any requested and approved administrative or medical exemption and report such requests and approvals to the Wing SJA. Requests for religious exemption should be endorsed by the respective commander in accordance with governing policy and routed through the chain of command to the Commanding General via the Wing SJA. A template forwarding endorsement will be provided to Commanders by the Wing SJA.

(3) AC/S G-1. Accurately track and record all COVID-19 cases across the Wing and all COVID-19 inoculations, both taken and refused, across the Wing.

(4) AC/S G-6. Provide and assist in the setup of (4) NIPR MCEN-cable laptop computers and (2) portable wireless internet routers at Miramar MTF to facilitate data tracking and immediate MRRS reporting.

(5) Wing SJA. Provide support to each Wing unit in addressing any individual that refuses the prescribed inoculation and/or requests exemption to being vaccinated against COVID-19.

(6) Wing Chaplain. Provide support to 3d MAW military personnel in addressing any individual that desires to consult in seeking potential religious accommodation to the prescribed COVID-19 inoculation.

(7) Wing Surgeon

(a) Facilitate the administration of COVID-19 inoculations with FDA approved COVID-19 vaccines for all unvaccinated 3d MAW military personnel

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during the defined phases of this Letter of Instruction (LOI) and provided sustained support of continuing inoculation requirements and of any medical exemption requested.

(b) NLT 18 October 2021, provide a report on the medical readiness of the Wing as it pertains to COVID-19 inoculations.

(c) NLT 1 November 2021, provide a report on the status of the Wing as it pertains to fully vaccinated personnel.

(8) 3d MAW Military Personnel. All 3d MAW military personnel who are not already fully vaccinated against COVID-19 or exempted as of the date of this LOI may immediately elect to receive a COVID-19 inoculation in accordance with the Secretary of Defense's mandate in reference (a) and the Secretary of the Navy and Commandant of the Marine Corps orders in reference (b) and (c) at any facility currently administering the vaccine; all 3d MAW military personnel, who are not already vaccinated against COVID-19 or exempted as reflected in MRRS, shall report to their appointed place of duty at the MTF identified by the Commander and shall submit to receive their prescribed inoculation against COVID-19 pursuant to the references and this LOI. If the member voluntarily receives a complete series of an EUA COVID-19 vaccine, or a vaccine included in the World Health Organization (WHO) Emergency Use Listing, these vaccination series satisfy the inoculation requirement of the references and this LOI. When the member arrives, if the member has documentation of a prior inoculation against COVID-19 or of an approved exemption that is not reflected in MRRS, that member shall produce such documentation at that time for entry into MRRS, or if the member refuses inoculation, that member shall be counseled and may seek administrative or medical exemption, as applicable and in accordance with governing policy, within five duty days of being counseled, unless good cause is shown to and approved by the member's Commander for any additional period of delay. All 3d MAW military personnel who do not complete a series of an EUA COVID-19 vaccine, or a vaccine in the WHO Emergency Use Listing, shall schedule, report and submit to their second prescribed inoculation against COVID-19 within 21-30 days after their initial inoculation against COVID-19..

d. Coordinating Instructions

(1) Start times for COVID-19 inoculations are assigned to specific commands. For all 3d MAW military personnel identified, this will be their appointed place of duty.

(2) Appropriate administrative or punitive action may be initiated by a general court-martial convening authority, no earlier than six days after a member refuses inoculation and receives an initial counseling, for those personnel who refuse to submit to the prescribed COVID-19 inoculation or for those personnel who fail to report to their appointed place of duty or schedule their second inoculation against COVID-19 in accordance with the terms of this LOI and the lawful general orders in references (b) and (c). The applicable disposition authority will then determine if the individual's refusal warrants punitive or administrative action, to include separation if the refusal is "unreasonable" based upon the situation and any then approved exemptions established in Military Department policy.

(3) Group personnel assisting with the administration of COVID-19 inoculations will contact their respective Group Surgeon for coordination instructions NLT 1200 on 9 September 2021.

(4) Any 3d MAW military personnel having received a COVID-19 inoculation outside the purview of this LOI must report their inoculation to,

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and the inoculation be verified by, unit medical personnel to ensure proper tracking and documentation. Members shall provide documented verification to their command no later than 1600 on the next regular duty day.

(5) COVID-19 inoculation appointments are available daily and can be reserved at <https://informatics-stage.health.mil/covax/>. Walk-in service is available from 1300-1445 pending availability of doses.

(6) As of the date of this LOI, the only COVID-19 vaccine licensed and approved by the FDA is the Pfizer-BioNTech COVID-19 vaccine, which will now be marketed as Comirnaty, for the prevention of COVID-19 disease in individuals 16 years of age and older. Other COVID-19 vaccines (e.g., the Moderna COVID-19 vaccine and Johnson and Johnson's Janssen COVID-19 vaccine) are authorized for emergency use and Wing personnel may not be ordered to receive these vaccines. The FDA-approved Pfizer-BioNTech product Comirnaty and the FDA-authorized Pfizer-BioNTech COVID-19 vaccine have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns. Therefore, MTFs will use doses of the Pfizer-BioNTech vaccine distributed under the FDA Emergency Use Authorization (EUA) and doses of Comirnaty vaccine to administer the vaccination series mandated and ordered under the references and this LOI.

(7) 3d MAW military personnel may elect to be immunized with a COVID-19 vaccine under EUA prior to their otherwise scheduled inoculation with a FDA licensed and approved COVID-19 vaccine. In these situations, the individual will produce proof of their fully vaccinated status at his/her scheduled appointment if not already reflected in MRRS. In the absence of such proof, individuals will be required to receive a FDA licensed and approved COVID-19 vaccine. Those refusing inoculation at that time indicating intent to be immunized with a COVID-19 vaccine under EUA will be counseled by their commander on their refusal of inoculation and will produce proof of their subsequent inoculation before the Commanding General reaches a disposition decision on the individual's refusal.

(8) 3d MAW military personnel actively participating in COVID-19 clinical trials are exempted from mandatory vaccinations against COVID-19 until the trial is complete.

(9) Mandatory vaccination requirements will be implemented consistent with DOD Instruction 6205.02, "DoD Immunizations Program," and any governing Department of Navy and Marine Corps policy and procedure to manage mandatory vaccination of Wing personnel to the extent practicable.

(10) Per reference (a), 3d MAW military personnel 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. Those 3d MAW military personnel with previous COVID-19 infection are not considered vaccinated and are still required to receive inoculation against COVID-19.

#### 4. Administration and Logistics

##### a. Administration

(1) DHA Form 207 (Enclosure 2) will be completed and brought by all 3d MAW military personnel when arriving at their prescribed COVID-19 inoculation appointment.

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(2) Refusing inoculations. Paragraph 4 of reference (b), paragraph 3a of reference (c), and paragraph 3.c(8) above constitute lawful general orders and any violation of these provisions is punishable as a violation of Article 92 of the Uniform Code of Military Justice. Marines and Sailors are also required to submit to required immunizations in accordance with Section 1144 of the U.S. Navy Regulations. Disciplinary action and/or separation for refusing inoculation with a FDA licensed and approved COVID-19 vaccine or for violating general orders may be appropriate based upon the commander's recommendation and the facts of the situation.

b. Logistics

(1) The location for each individual's COVID-19 inoculation will be governed by the schedule appointment at the supporting establishment MTF for the individual's unit. Location and time for units located on MCAS Miramar are assigned via Enclosure (1).

(2) Parking direction and crowd control will be provided by medical staff and 3d MAW personnel on site.

5. Command and Signal

a. Command. The point of contact for coordination and execution of COVID-19 inoculations is the 3d MAW Deputy Wing Surgeon, LT Mary K. Morin at (858)307-7439.

b. Signal. The point of contact for this LOI is the G-3 Current Operations Officer, Major Benjamin L. Poaster at (858)307-5149.

  
B. J. GERINO

**COVID-19 Vaccination Unit Appointment Schedule Template 13-15 SEP 2021**

**MCAS Miramar**

<b>Wed</b>	<b>Unit</b>	<b>Thur</b>	<b>Unit</b>	<b>Fri</b>	<b>Unit</b>
8:00		8:00		8:00	
8:15		8:15		8:15	
8:30		8:30		8:30	
8:45		8:45		8:45	
9:00		9:00		9:00	
9:15		9:15		9:15	
9:30		9:30		9:30	
9:45		9:45		9:45	
10:00		10:00		10:00	
10:15		10:15		10:15	
10:30		10:30		10:30	
10:45		10:45		10:45	
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11:15		11:15		11:15	
11:30		11:30		11:30	
11:45		11:45		11:45	
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12:15		12:15		12:15	
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12:45		12:45		12:45	
13:00		13:00		13:00	
13:15		13:15		13:15	
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13:45		13:45		13:45	
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14:15		14:15		14:15	
14:30		14:30		14:30	
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15:30		15:30		15:30	
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16:45		16:45		16:45	
17:00		17:00		17:00	
17:15		17:15		17:15	
17:30		17:30		17:30	
17:45		17:45		17:45	
18:00		18:00		18:00	
18:15		18:15		18:15	
18:30		18:30		18:30	
18:45		18:45		18:45	

(NC) Indicates Night Crew

(NC) Indicates Night Crew

**ENCLOSURE ( 1 )**



# COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION

OMB No. 0720-0068  
OMB approval expires:  
August 31, 2024

## PRIVACY ACT STATEMENT

**AUTHORITY:** DHA-IPM 20-004, "DoD Coronavirus Disease (COVID-19) Vaccination Program Implementation"; Public Law 104-191, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

**PURPOSE:** To determine if the COVID-19 vaccine can be administered to the patient.

**ROUTINE USES:** Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (PHI), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (SORN).

**APPLICABLE SORN:** EDHA 07, Military Health Information System (June 15, 2020, 85 FR 36190) <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNS/DHA/EDHA-07.pdf>

**DISCLOSURE:** Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

1. NAME (Last, First, Middle Initial)	2. DoD ID or Unique Identifier	3. DATE OF BIRTH (YYYYMMDD)	4. AGE
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5. CATEGORY:     Service Member     Beneficiary     Civilian Contractor     Civilian Employee     Other

**PART I – COMPLETED BY PATIENT** **YES**    **NO**

(1) Would you like to speak with a healthcare team member before receiving the COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you currently sick, feel ill, or have a fever over 100°F?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have you received a COVID-19 vaccine before? If so, which one _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>
(4) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Do you have hemophilia or other bleeding disorder or take a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Do you have a history of/ or a risk factor for a blood clotting disorder?	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are you, or might you be, pregnant or are you nursing (breastfeeding)?	<input type="checkbox"/>	<input type="checkbox"/>
(8) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
(9) Will you be TDY/TAD/PCS OCONUS for > 30 days within the next 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
(10) Are you planning to receive other vaccines in addition to COVID-19 vaccine, today? (While it is a CDC best practice to administer multiple vaccines at a single visit, it is currently unknown whether the response to the COVID-19 vaccination will be affected by the co-administration of other vaccines.)	<input type="checkbox"/>	<input type="checkbox"/>
(11) Have you received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>

6. **ACKNOWLEDGMENT** I have read or had explained to me the information in the Coronavirus Vaccine Emergency Use Authorization (EUA) Fact Sheet or the Vaccine Information Fact Sheet for COMIRNATY /Pfizer-BioNTech COVID-19 Vaccine . I have also had a chance to ask questions for myself and/or child, including vaccine co-administration, if applicable. Questions were answered to my satisfaction and all options were reviewed and I agree to vaccination today

a. PATIENT / GUARDIAN SIGNATURE: \_\_\_\_\_ b. DATE: \_\_\_\_\_

**PART II – COMPLETED BY SCREENER**

<p>7. ASSESSMENT</p> <p><input type="checkbox"/> Pfizer    <input type="checkbox"/> Moderna    <input type="checkbox"/> Janssen</p> <p><input type="checkbox"/> Dose #1    <input type="checkbox"/> Dose #2    <input type="checkbox"/> Dose #3</p> <p><input type="checkbox"/> Do not give COVID-19 vaccine today.</p> <p><input type="checkbox"/> Refer to experienced provider for further evaluation</p>	<p>8. Vaccine Information Material provided (check box)</p> <p><input type="checkbox"/> EUA Vaccine Fact Sheet for Vaccine Recipients of Janssen or Moderna COVID-19 Vaccine</p> <p><input type="checkbox"/> Vaccine Information Fact Sheet for Recipients of COMIRNATY or Pfizer-BioNTech COVID-19 Vaccine</p>
<p>9. SCREENER INFORMATION</p> <p>a. NAME _____ b. DATE (YYYYMMDD) _____</p>	

**PART III – COMPLETED BY VACCINATOR**

<p>10. VACCINE ADMINISTERED</p> <p><input type="checkbox"/> Pfizer    COVID-19 vaccine (≥ 12 yrs of age) 0.3mL IM</p> <p><input type="checkbox"/> Moderna    COVID-19 vaccine (≥ 18 yrs of age) 0.5mL IM</p> <p><input type="checkbox"/> Janssen (J&amp;J)    COVID-19 vaccine (≥ 18 yrs of age) 0.5mL IM</p>	<p>11. LOT #: _____</p> <p>12. EXPIRATION DATE: (YYYYMMDD) _____</p> <p>13. DOSE:    14. SITE:</p> <p><input type="checkbox"/> 0.3 mL IM    <input type="checkbox"/> 0.5 mL IM    <input type="checkbox"/> Left Deltoid    <input type="checkbox"/> Right Deltoid</p>
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15. COMMENTS: \_\_\_\_\_

16. VACCINATOR INFORMATION    a. NAME: \_\_\_\_\_    b. DATE: (YYYYMMDD) \_\_\_\_\_

17. ASIMS / MEDPROS / MRRS / AHLTA / MHS GENESIS Entry a. NAME: \_\_\_\_\_    b. DATE: (YYYYMMDD) \_\_\_\_\_

## Information for Healthcare Professionals about Screening Questions

**(1) Would you like to speak with a healthcare team member before receiving the COVID-19 vaccine?**

These are new vaccines for which there are, understandably, many questions. The potential vaccinee should be afforded ample opportunity to read the FDA-provided EUA Vaccine Fact Sheet and to ask questions prior to vaccination. The staff will not hesitate to refer an individual to an experienced healthcare provider to address questions or concerns regarding the vaccine.

**(2) Are you currently sick, feel ill, or have a fever over 100°F?**

People with moderate or severe illness should not be vaccinated until their symptoms improve. Mild illnesses, even with fevers or requiring antibiotics, should not preclude receipt of COVID-19 vaccine. There is no evidence that acute illness reduces vaccine efficacy or increased vaccine adverse events.

**(3) Have you received a COVID-19 vaccine before? If so, which one \_\_\_\_\_? Date \_\_\_\_\_?**

The CDC recommends that different brands of COVID-19 vaccine not be mixed. Therefore, every effort should be made to ensure that when a vaccinee receives the first shot of one brand of vaccine that he/she be able to receive the same brand about 21-28 days later. If an individual is a participant in a COVID-19 Vaccine Trial, they should indicate 'yes' to this question and for "which vaccine" state "UNKNOWN". Direct such trial participants to contact their Study's Director to learn whether they received the active vaccine or an inactive placebo and to receive further counseling and guidance from the Study Director before receiving an authorized COVID-19 vaccine. If a study participant chooses to receive the authorized vaccine, it is recommended these two different COVID-19 vaccines be separated by a minimum of four weeks.

**(4) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?**

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (1) Persons who have had a severe allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive a 2nd mRNA COVID-19 vaccine. However, consideration may be given to vaccination with Janssen COVID-19 vaccine under the supervision of a health care provider experienced in the management of severe allergic reactions, such as an Allergist. (2) An allergic reaction to any other vaccine or injectable therapy (such as chemotherapeutic agents) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of COVID-19 vaccine is unknown, and they should seek the advice of a medical specialist. If these individuals, or those with a history of anaphylaxis for any other cause, elect to be vaccinated, they should be observed for 30 minutes afterward. (3) A history of a significant, non-anaphylactic, reaction to a non-injectable medicine, food, latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Mild-to-moderate non-allergic, flu-like symptoms, or vaccination site reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

**(5) Do you have hemophilia or other bleeding disorder or take a blood thinner?**

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alternation in their blood thinner regimen. Alternatively, a fine needle ( $\leq 23$  gauge) can be used for vaccination and firm pressure applied to the site (without rubbing) for at least 2 minutes.

**(6) Do you have a history of a risk factor for a blood clotting disorder?**

For a patient history of blood clots with low platelet count, CDC recommends considering a vaccine other than Janssen if available. For all other types of clotting disorders, the Janssen vaccine is acceptable. All Janssen vaccine recipients should read the Janssen EUA Fact Sheet regarding symptoms of blood clots.

**(7) Are you, or might you be, pregnant or are you nursing (breastfeeding)?**

Vaccination is recommended for all people aged 12 years and older, including people that are: Pregnant, breastfeeding, or trying to get pregnant now or who might become pregnant in the future. A growing body of evidence on the safety and effectiveness of COVID-19 vaccination - in both animal and human studies - indicates that the benefits of vaccination outweigh any known or potential risks of COVID-19 vaccination during pregnancy. If a person becomes pregnant following the first dose of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine), the second dose should be administered as indicated for the person to have maximum protection. Pregnant, breastfeeding, and post-partum people 18 through 49 years of age should be aware of the rare risk of TTA after receipt of the Janssen COVID-19 Vaccine and the availability of other FDA authorized COVID-19 vaccines (i.e., mRNA vaccines).

**(8) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?**

Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines (those currently approved or under study in the US) may be administered to immunocompromised patients, although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19. An additional dose (3rd) is currently only recommended for individuals who previously received an mRNA vaccine.

**(9) Will you be TDY/TAD/PCS OCONUS for > 30 days within the next 30 days?**

The CDC recommends that different brands of COVID-19 vaccine not be mixed. Therefore, every effort should be made to ensure that when a vaccinee receives the first shot of one brand of vaccine that he/she be able to receive the same brand about 21-28 days later. Extended OCONUS travel within 30 days of the first vaccination generally precludes this. Therefore, if such travel is planned, if the screener cannot ensure the 2nd dose with same brand can be administered at new location, initiation of vaccination should be deferred to the new location.

**(10) Are you planning to receive other vaccines in addition to COVID-19 vaccine, today?**

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as co-administration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with co-administration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of vaccines. Prior to co-administration, patients will be advised of the above and reminded that vaccination with a FDA EUA COVID-19 vaccination is voluntary. Requests by vaccine recipients to receive EUA COVID-19 vaccination separate from other vaccinations must be accommodated.

**(11) Have you received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days?**

Currently there is no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, however the ACIP recommends that COVID-19 vaccination be deferred for 90 days after receipt to avoid a possible impact on COVID-19 vaccination by prior antibody treatment. However, providers and patients can consider COVID-19 vaccination in such treated individuals within this 90-day window on a case-by-case basis with shared clinical decision-making for Force Health Protection and other important vaccination needs.

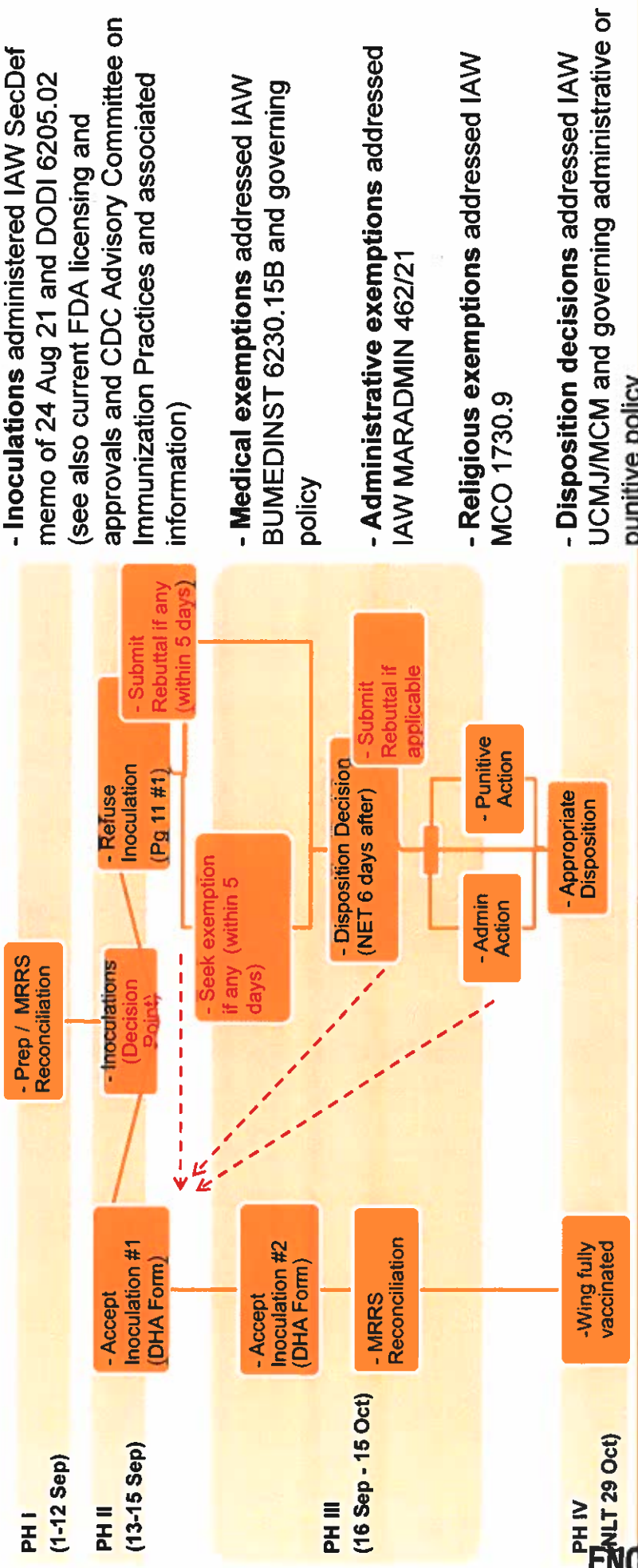
### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 10 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.

The Defense Health Agency-Immunization Healthcare Division (DHA-IHD) is available to 24/7 to assist patients and healthcare providers with clinical concerns at 877-438-8222, DSN 761-4245.



# COVID-19 INOCULATION FLOW CHART



- Inoculations administered IAW SecDef memo of 24 Aug 21 and DODI 6205.02 (see also current FDA licensing and approvals and CDC Advisory Committee on Immunization Practices and associated information)
- Medical exemptions addressed IAW BUMEDINST 6230.15B and governing policy
- Administrative exemptions addressed IAW MARADMIN 462/21
- Religious exemptions addressed IAW MCO 1730.9
- Disposition decisions addressed IAW UCMJ/MCM and governing administrative or punitive policy



\* "Days" will mean "duty days"

OSJA

3 Sept 2021

ENCLOSURE (3)

"Bello Ac Pace Paratus"



ADMINISTRATIVE REMARKS (1070)

DATE	DATE	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.
(Signature)	(Signature)	(Signature)

\_\_\_\_\_: Counseled this date concerning the following deficiencies:  
 On or about \_\_\_\_\_ you refused an available inoculation, specifically a COVID-19 inoculation using a U.S. Food and Drug Administration licensed and approved COVID-19 vaccine, prescribed for all Servicemembers by the Secretary of Defense on 24 August 2021 and as otherwise required by U.S. Navy Regulation Article 1144, ALNAV062/21, MARADMIN 462/21 and 3d Marine Aircraft Wing Letter of Instruction dtd 3 September 2021. This counseling is required per MCO 1900.16 CH 2 paragraph 6203.7f for enlisted Marines.

Specific recommendations for corrective action are to submit to all prescribed inoculations, unless otherwise exempted; adhere to all Marine Corps values and leadership traits/principles; be responsible; exercise good judgment and conduct at all times; strictly abide by all order, standard operating procedures, rules, and regulations; and seek assistance from your chain of command.

Failure to take corrective action and any further violations of the UCMJ, disciplinary action, or incidents requiring formal counseling may result in judicial or adverse administrative action, including but not limited to administrative separation.

I understand that failure to complete my obligated service with an honorable characterization of service may preclude my eligibility for benefits from the Department of Veterans Affairs or other organizations and may have an adverse effect on future civilian employment.

I was advised that within 5 working days after acknowledging this entry I may submit a written rebuttal which will be filed in the electronic service record.

I choose to \_\_\_\_\_/not to \_\_\_\_\_ make such a statement.

\_\_\_\_\_  
 Signature of Marine      Date  
 [TYPE/PRINT NAME OF MARINE: \_\_\_\_\_]

\_\_\_\_\_  
 Signature of CO      Date  
 [TYPE/PRINT NAME OF CO: \_\_\_\_\_]

NAME (last, first, middle)	EDIPI

**ADMINISTRATIVE REMARKS****NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE****SUPPORTING DIRECTIVE MILPERSMAN 1070-320**

SHIP OR STATION:

SUBJECT:

 PERMANENT       TEMPORARY

COVID-19 Vaccination Administrative Counseling/Warning

AUTHORITY (IF PERMANENT):

BUMEDINST 6230 15B and [Implementing Service Directive]

1. On \_\_\_\_ (date) all U.S. service members were mandated to be vaccinated against COVID-19. Your current medical records indicate that you have not been vaccinated against COVID-19.
2. The following information is provided for your consideration:
- a. Your health and safety are the Navy's number one concern.
  - b. The COVID-19 vaccines are safe and effective.
  - c. The threat from COVID-19 is deadly and real.
  - d. Vaccination has proven to be the most effective defense against serious illness caused by COVID-19.
  - e. Healthcare providers are available to discuss your medically related objections/concerns with the COVID-19 vaccines.
  - f. DoD will administer COVID-19 vaccinations consistent with FDA approved dosing schedules and current standards of medical practice.
  - g. Administration of the COVID-19 vaccine is in the interest of national security and protection of the force. Receiving the vaccine helps protect your family and dependents as well as fellow Sailors and Marines and associated DoD civilians.
3. Unless medically or administratively exempt, any refusal to be vaccinated may constitute a Failure to Obey a Lawful Order and may be punishable under the Uniform Code of Military Justice (UCMJ) and/or administrative action for Failure to Obey a Lawful Order (UMCJ, Article 92).
4. The following corrective action is required:
- Within XX days of this administrative counseling, you will complete receipt of the COVID-19 vaccination using an FDA approved vaccine. Of note, the Pfizer vaccine is a two-shot series. Proof of vaccination is required and must be entered into your medical record.
5. Member must initial all that apply below:
- \_\_\_\_ I acknowledge the above counseling/warning and understand its contents.
- \_\_\_\_ I have been informed of my right to submit a statement in response to this counseling/warning (initial one below).
- \_\_\_\_ I intend to submit a statement. I will submit my statement within 10 days of this date.
- \_\_\_\_ I do not intend to submit a statement.
- \_\_\_\_ I intend to seek an exemption as indicated in para. 3 above. My exemption request will be submitted within 10 days of this date.

\_\_\_\_\_  
Commanding Officer\_\_\_\_\_  
Member's Signature Date/Signed\_\_\_\_\_  
Witness' Signature Date/Signed

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

FOR OFFICIAL USE ONLY  
PRIVACY SENSITIVE**ENCLOSURE (5)**