

Statement of Understanding- Vaccination Advisory Statement

Candidate: Initial on the blank space after each sentence.

1. I understand "All Service Members in the Department of Defense (DoD) are required to comply with applicable medical readiness requirements". _____

2. I understand one such requirement is that upon arrival at Initial Entry Training, all Service members must receive, if not already inoculated, immunizations required by the Joint Regulation for Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases and other applicable DoD guidance. _____

3. I understand these vaccinations include but are not limited to COVID-19, Meningococcal, Measles/Mumps/Rubella, tetanus-diphtheria-pertussis, and varicella. _____

4. I understand applicants for military service and Service members may seek an exemption from vaccination requirements based on a qualifying medical or religious basis from the military service concerned. _____

5. I understand should an exemption be denied the member will be required to comply with applicable medical readiness requirements. _____

6. Should I elect to submit a religious accommodation request, I understand that I must first receive a final decision on my request prior to participating in my enlistment or commissioning program. _____

Printed Name of Candidate: _____

Candidate Signature/Date: _____

Printed Name of OSO/MOI: _____

OSO/MOI Signature/Date: _____