

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

COVID-19 Vaccination Administrative Counseling/Warning

PERMANENT TEMPORARY

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: