MILPERSMAN 1730-020

IMMUNIZATION EXEMPTIONS FOR RELIGIOUS BELIEFS

<table>
<thead>
<tr>
<th>Responsible Office</th>
<th>OPNAV (N131)</th>
<th>Phone: DSN COM</th>
<th>664-5015</th>
<th>Phone: Toll Free</th>
<th>E-mail:</th>
<th>MyNavy Portal:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-833-330-MNCC (6622)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><a href="https://my.navy.mil/">https://my.navy.mil/</a></td>
</tr>
</tbody>
</table>

References
(a) DoD Instruction 1300.17 of 10 February 2009
(b) BUPERSINST 1730.11A
(c) BUMEDINST 6230.15B
(d) SECNAVINST 1730.9A
(e) SECNAVINST 1920.6D

1. **Policy.** The Navy requires immunizations for all Sailors, based on its compelling interest in the health and safety of the military workforce. Pursuant to references (a) and (b), religious exemptions of immunization requirements will include the justification and endorsements in paragraphs 4 and 5 of this article prior to routing to the Chief of Naval Personnel (CHNAVPERS) for decision. Non-religious medical waivers of immunization requirements will be adjudicated by the health care provider as addressed in reference (c).

2. **Authority.** Authority to grant medical waivers of immunization requirements is vested at the Bureau of Medicine and Surgery (BUMED). Authority to grant religious exemptions of immunization requirements is vested with CHNAVPERS.

3. **Application Procedure.** Service members requesting religious exemption of immunization requirements will forward their requests to CHNAVPERS via their commanding officers (CO) or immediate superiors in command. Submission guidance for commands is provided in reference (b).

4. **Contents of Service Member’s Request.** The request will include the following information:

   a. Full name and grade,
b. Immunization(s) exemption requested and the reason why the exemption is needed, and

c. The following signed NAVPERS 1070/613 Administrative Remarks, using the following format:

"I request a waiver of the (state the type) immunization. I hereby state that my request is based upon (religious objection to immunization or other reasons specifically described). I acknowledge having received the following counseling:

1. Failure to obtain immunization poses additional risk to my health upon exposure to disease.

2. In the event of foreign travel, I may be detained during travel across foreign borders due to international health regulations.

3. If granted, a waiver may be revoked by my commanding officer if I am at imminent risk of disease or due to international health regulations.

4. If my job duties change, I may need to route a new request.

5. If I am at my permanent change of station while my waiver is in effect, I may need to route a new request if my job duties change, my geographic region exposes me to the aforementioned disease, or other factors exist that could put me at imminent risk of disease.

Service Member’s Signature

Witnessed:

5. **Content of Commander’s Endorsement.** In line with reference (b), COs must endorse every request for religious accommodation through waiver of immunization requirements. The content of the endorsement must include:

   a. An endorsement from a military chaplain in line with reference (d),

   b. A recommendation to approve or disapprove the request,

   c. Relevant information concerning the applicable operational or regional policies,
d. Negative effect (if any) on mission accomplishment (i.e., military readiness, unit cohesion, good order, discipline, health, and safety),

e. The number of Service members in the command that have been granted a similar exemption for non-religious purposes, and

f. When recommending denial of the request, a determination that the denial furthers a compelling governmental interest (such as those identified in subparagraph 5d above), and that there is no less restrictive means of accommodating the request, such as an available alternative vaccination that meets both the religious need and the Navy’s immunization requirements as determined by BUMED.

6. **Applicant Counseling.** COs will ensure applicants are counseled concerning the following, in line with subparagraph 4c above:

a. The additional risk to health on exposure to disease against which the applicant will not be protected by a military physician who informs Service member of diseases concerned, and benefits and risks of vaccine;

b. The possibility that the applicant may be detained during travel across international borders due to international health regulations; and

c. The possibility that individuals granted such exemptions may have their waivers revoked if they are at imminent risk of disease (e.g., exposure to anthrax, measles, cholera, etc.) or due to international health regulations.

7. **Revocation of Waiver by CO.** COs may, without prior approval, revoke a Service member’s authorized immunization waiver in the event of imminent risk of disease due to exposure or as a result of international health regulations incident to foreign travel. If a Service member’s immunization waiver is revoked, such action must be reported to CHNAVPERS and BUMED Public Health and Safety Division (M44) by message as soon as possible.

8. **Administrative and Disciplinary Actions**

a. In line with reference (a), Service members submitting requests for religious accommodations will comply with the
policy, practice, or duty from which they are requesting accommodation, unless or until the request is approved.

b. Service members whose waivers have been disapproved, or those who refuse to take immunizations without approved waivers, may be subject to administrative and or disciplinary actions, as deemed appropriate by COs, for violation of a lawful order.

c. Actions include:

(1) Formal counseling and warning recorded on NAVPERS 1070/613,

(2) Nonjudicial punishment,

(3) Court-martial, or

(4) Processing for administrative separation.

d. See MILPERSMAN 1910-120, 1910-142, 1910-164, and 1910-402 for guidance on enlisted separations. See reference (d) for officer separations.