OFFICE SYMBOL (600-20f) DATE

MEMORANDUM FOR The Surgeon General of the United States Army, 7700 Arlington Boulevard, Falls Church, VA 22042-5140

SUBJECT: Request for Religious Accommodation for Exemption from Immunizations – PV1 Ramos, Andres, Unit (if applicable), MOS/Branch, DoDID

1. [Soldier’s name/rank, unit, and DoDID], is requesting a religious exemption for immunizations in accordance with the standards provided in Army Regulation (AR) 600-20, Appendix P-2.

2. I recommend [approval] or [disapproval] of this request [provide reason for disapproval].

4. The point of contact for this request is the undersigned at xxx-xxx-xxxx or

xxx.xx.mil@mail.mil.

name

Rank, USA

Commanding