



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

Canc: Sep 2022
IN REPLY REFER TO
BUMED 6300
BUMED-M3
3 Sep 2021

BUMEDNOTICE 6300

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY CORONAVIRUS DISEASE 2019 VACCINE MEDICAL TEMPORARY, AND
MEDICAL PERMANENT EXEMPTION FOR MEDICAL CONTRAINDICATION
APPROVAL PROCESS

Ref: (a) SecDef Memo of 24 Aug 21
(b) CNO WASHINGTON DC 302126Z Aug 21 (ALNAV 062/21)
(c) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(d) BUMEDINST 6230.15B

Encl: (1) Budget Submitting Office 18 Provider Letter Templates
(2) Operational Fleet Provider Letter Templates
(3) Selected Reserve Provider Letter Templates

1. Purpose. Guidance to Navy Medicine providers to outline process for first medical flag officer approval of a permanent medical exemption to the mandatory Coronavirus Disease 2019 (COVID-19) vaccine for Navy personnel.
2. Scope and Applicability. This notice is applicable to all Department of Navy (DON) medical providers whose scope of practice encompasses immunization healthcare delivery to Sailors.
3. Background. The Secretary of Defense, Secretary of the Navy, and Chief of Naval Operations have directed COVID-19 vaccination of Sailors against COVID-19 to preserve force medical readiness, per references (a) through (c). Furthermore, all permanent medical exemptions for COVID-19 vaccination must be approved by the first medical flag in the medical provider's chain of command, per reference (c).
4. First Medical Flag Approval Authority
 - a. Deputy Surgeon General approves all permanent medical exemptions initiated by Navy medical providers assigned to the operational forces. This excludes all budget submitting office (BSO) 18 and non-activated Navy Reserve medical providers.
 - b. Commander, Naval Medical Forces Atlantic (NAVMEDFORLANT) approves all permanent medical exemptions initiated by Navy medical providers assigned to BSO-18 units under NAVMEDFORLANT.

c. Commander, Naval Medical Forces Pacific (NAVMEDFORPAC) approves all permanent medical exemptions initiated by Navy medical providers assigned to BSO-18 units under NAVMEDFORPAC.

d. Deputy Chief, Bureau of Medicine and Surgery (BUMED), Reserve Policy and Integration approves all permanent medical exemptions initiated by Navy medical providers who are non-activated selected reserve (SELRES).

5. Senior Medical Review Authority

a. NAVMEDFORLANT and NAVMEDFORPAC Chief Medical Officer (CMO), within their respective chain of command, are the final medical endorsement of a BSO-18 provider recommendation to grant a permanent medical exemption.

b. United States Fleet Forces Surgeon and Commander, Pacific Fleet Surgeon, within their respective chain of command, are the final medical endorsement of an operational force provider recommendation to grant a permanent medical exemption.

c. Commander, Naval Reserve Force Surgeon is the final medical endorsement of a SELRES provider recommendation to grant a permanent medical exemption.

6. Responsibilities

a. Commanders and Commanding Officers (CO) of Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) or cognizant medical authority will ensure that all Navy medical providers possess the requisite knowledge to:

(1) Identify permanent contraindications to COVID-19 vaccine.

(2) Seek expert consultation for verification of permanent contraindications to the COVID-19 vaccine.

(3) Execute the permanent medical exemption process as outlined in this notice.

b. NAVMEDREADTRNCMD CMO, Type Command Surgeons, and Reserve regional medical directors, will ensure adherence to procedures outlined in this notice, and function as the intermediate medical authority, within their respective chain of command, for Navy medical provider's recommendation to grant a permanent medical exemption.

c. Navy medical providers will function as the disapproval authority for temporary or permanent medical exemption requests that do not meet clinical contraindications for the COVID-19 vaccine. When recommending permanent medical exemptions, Navy medical providers will draft initial permanent medical exemption letter according to the routing chain outlined in the procedures of this notice.

Providers must route the letter via the provider's intermediate medical reviewers (NAVMEDREADTRNCMD CMO, Type Command Surgeon, or Reserve regional medical directors) and Senior Medical Review Authority (SMRA), for endorsement of the permanent medical exemption recommendation, and provide a copy to the Sailor's CO. The Sailor will be provided documentation to support their responsibilities in paragraph 6d of this notice.

d. Sailors are responsible for their individual medical readiness. As such, when a Sailor is identified with a medical contraindication to the COVID-19 vaccine, they must:

(1) Inform their CO about the impact to their deployability as determined by the Navy medical provider's documentation, or the recommended medical contraindication from a non-Navy medical provider.

(2) Ensure a DON medical provider has submitted a formal letter to the first medical flag officer for approval, or disapproval, of the permanent medical exemption, as per subparagraph 7d of this notice.

(3) Understand a medical exemption for the COVID-19 vaccine is subject to approval as outlined in this notice, and a temporary exemption will be documented, with an expiration date 30 days after submission, unless the permanent exemption is approved. If the temporary medical exemption expires, the Medical Readiness Reporting System (MRRS) will reflect the COVID-19 vaccine is still required, unless another 30-day temporary exemption is placed by a senior medical department representative (SMDR).

e. SMDR is responsible for documenting temporary medical exemptions, as outlined in subparagraph 7b of this notice. SMDR may be the unit level or BSO-18 command level individual that has access to update MRRS for the Sailor's unit.

7. Procedures

a. There are two types of medical exemptions to the COVID-19 vaccination, per reference (d); '*Medical Temporary*' and '*Medical Permanent*.' Both types of medical exemptions are used when a documented medical contraindication to the COVID-19 vaccine exists. Navy Medicine-specific clinical guidance and permanent exemption process map are available at <https://esportal.med.navy.mil/bumed/rh/m3/M34/CRG/default.aspx>. While the full range of medical exemption options are temporarily unavailable in MRRS, interim guidance will be provided by BUMED.

b. Medical temporary exemptions will be documented when a Navy medical provider recommends a medical permanent exemption for documented medical contraindication to the COVID-19 vaccine until a permanent medical exemption is approved. For the purposes of this

notice, a Navy medical provider is defined as any uniformed, Navy-employed civilian, or contract licensed independent medical practitioner whose scope of practice encompasses immunization healthcare delivery, and Independent Duty Corpsmen. Other indications for medical temporary exemption include:

(1) Sailors who are confirmed COVID-19 cases awaiting recovery.

(2) Other temporary medical contraindication as determined by a Department of Defense (DoD) licensed healthcare provider or Independent Duty Corpsmen.

c. Any medical provider in the process may request expert consultation by an immunizations specialist, submitted to the “COVID-19 Medical Contraindications Consult” group, in the Global Teleconsultation Portal (GTP), at <https://help.nmcp.med.navy.mil/path/user/ViewLogin.action> or <https://path.tamc.amedd.army.mil/path/user/ViewLogin.action>. To access the GTP Web site, a user must request account access to obtain a username and password. Guidance on requesting an account can be found at the GTP Web site. Training for submitting a consultation via GTP is also available on the Web site.

d. In all cases of a permanent medical exemption recommendation, a Navy medical provider, as defined in subparagraph 7b of this notice, will route a formal letter to the first medical Flag Officer in the provider’s chain of command, outlined in paragraph 4 of this notice. Templates for the letter and routing are included in enclosures (1) through (3) for the three scenarios listed:

(1) BSO-18 provider.

(2) Operational Fleet provider.

(3) SELRES provider.

e. A DoD provider, who is recommending a vaccine contraindication, may write the letter and route as outlined in subparagraph 7g of this notice.

f. In the event that a non-DoD provider is recommending a vaccine contraindication, the Sailor must request assistance from a Navy medical provider as outlined in subparagraph 7g of this notice.

g. A designated BSO-18 medical provider will write the letter, when not drafted by the initial recommending non-Navy medical provider. The Sailor or non-Navy medical provider must access a BSO-18 Navy medical provider in order to request a permanent medical exemption for an individual. The BSO-18 Navy medical provider is accessed through the NAVMEDREADTRNCMD that has medical cognizance (MEDCOG) of the Sailor’s command

and e-mailing the appropriate NAVMEDREADTRNCMD medical readiness point of contact for assistance. MEDCOG of the Sailor's command, and MEDCOG points of contact, may be determined by accessing BUMED guidance at https://esportal.med.navy.mil/bumed/rh/m3/M34/SMMR/PHA_Regional_POCS/.

h. Concurrent with routing a letter, the Navy medical provider will ensure that an SMDR, with access to the Sailor's unit in MRRS, places a medical temporary exemption to reflect that the medical permanent approval process has begun.

i. Maximum use of telehealth is authorized for Navy medical provider review.

j. If the permanent medical exemption is approved by the first medical flag officer, a formal letter will be written to the initial recommending Navy provider.

8. Point of Contact. Questions may be e-mailed to the BUMED Crisis Action Team at usn.ncr.bumedfchva.mbx.bumed---2019-ncov-response-cell@mail.mil.

9. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.


G. D. SHAFFER
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at, <https://www.med.navy.mil/Directives/>

BUMEDNOTE 6300
3 Sep 2021

BUDGET SUBMITTING OFFICE 18 PROVIDER
LETTER TEMPLATES

SSIC
Ser
Date

From: Budget Submitting Office 18 Provider
To: Commander, Naval Medical Forces Atlantic or Naval Medical Forces Pacific or
Commander, Naval Medical Forces Support Command
Via: Commanding Officer, Navy Medicine Readiness and Training Command
Subj: PERMANENT MEDICAL EXEMPTION OF CORONAVIRUS DISEASE 2019
VACCINE
Ref: (a) BUMEDNOTE 6120 of 3 Sept 21 (Canc: Sep 21)
(b) SECDEF Memo of 24 Aug 21
(c) CNO WASHINGTON DC 302126Z Aug 21 (ALNAV 062/21)
(d) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(e) BUMEDINST 6230.15B
(f) Cormirnaty® Prescribing Information (Rev. 8/2021)

[Encl: (1) Specialist Consult (if indicated)]

1. Per references (a) through (f), I am requesting permanent medical exemption to the Coronavirus Disease 2019 vaccine for Sailor X.
2. [Include pertinent medical history and any immunization specialist recommendation as applicable.]
3. My point of contact for this matter is (XXX) XXX-XXXX or X.X.X@navy.mil.

A. B. PROVIDER
Title

Copy to:
Member's commanding officer

Enclosure (1)

Command Chief Medical Officer or Type Command Surgeon Endorsement

I recommend approval of this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Command Chief Medical Officer or
Type Command Surgeon Rank, Name,
Signature, Date

Regional Chief Medical Officer or Fleet Surgeon Endorsement

I recommend approval of this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Regional Chief Medical Officer or
Fleet Surgeon Rank, Name, Signature, Date

Flag Officer Determination

I approve this permanent medical exemption. Please have medical authority update Medical Readiness Reporting System to reflect this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Flag Officer Rank, Name,
Signature, Date

BUMEDNOTE 6300
3 Sep 2021

OPERATIONAL FLEET PROVIDER
LETTER TEMPLATES

SSIC
Ser
Date

From: Fleet Medical Provider
To: Deputy Surgeon General
Via: Fleet Medical Provider's Commanding Officer
Via: Type Command
Via: United States Fleet Forces or Commander, Pacific Fleet

Subj: PERMANENT MEDICAL EXEMPTION OF CORONAVIRUS DISEASE 2019
VACCINE

Ref: (a) BUMEDNOTE 6120 of 3Sept 21 (Canc: Sep 22)
(b) SecDef Memo of 24 Aug 21
(c) CNO WASHINGTON DC 302126Z Aug 21 (ALNAV 062/21)
(d) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(e) BUMEDINST 6230.15B
(f) Cormirnaty® Prescribing Information (Rev. 8/2021)

[Encl: (1) Specialist Consult (if indicated)]

1. Per references (a) through (f), I am requesting permanent medical exemption to the Coronavirus Disease 2019 vaccine for Sailor X.
2. [Include pertinent medical history and any immunization specialist recommendation as applicable.]
3. My point of contact for this matter is (XXX) XXX-XXXX or X.X.X@navy.mil.

A. B. PROVIDER
Title

Copy to:
Member's commanding officer

Enclosure (2)

Command Chief Medical Officer or Type Command Surgeon Endorsement

I recommend approval of this permanent medical exemption

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Command Chief Medical Officer or
Type Command Surgeon Rank, Name,
Signature, Date

Regional Chief Medical Officer or Fleet Surgeon Endorsement

I recommend approval of this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Regional Chief Medical Officer or
Fleet Surgeon Rank, Name, Signature, Date

Flag Officer Determination

I approve this permanent medical exemption. Please have medical authority update Medical Readiness Reporting System to reflect this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Flag Officer Rank, Name,
Signature, Date

BUMEDNOTE 6300
3 Sep 2021

SELECTED RESERVE PROVIDER
LETTER TEMPLATES

SSIC
Ser
Date

From: Selected Reserve Provider
To: Commander, Naval Reserve Force Command
Via: Naval Operations Support Center
Via: Regional Medical Director's Command

Subj: PERMANENT MEDICAL EXEMPTION OF CORONAVIRUS DISEASE 2019
VACCINE

Ref: (a) BUMEDNOTE 6120 of 3 Sept 21 (Canc: Sep 22)
(b) SecDef Memo of 24 Aug 21
(c) CNO WASHINGTON DC 302126Z Aug 21 (ALNAV 062/21)
(d) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(e) BUMEDINST 6230.15B
(f) Cormirnaty® Prescribing Information (Rev. 8/2021)

[Encl: (1) Specialist Consult (if indicated)]

1. Per references (a) through (f), I am requesting permanent medical exemption to the Coronavirus Disease 2019 vaccine for Sailor X.
2. [Include pertinent medical history and any immunization specialist recommendation as applicable.]
3. My point of contact for this matter is (XXX) XXX-XXXX or X.X.X@navy.mil.

A. B. PROVIDER
Title

Copy to:
Member's commanding officer

Enclosure (3)

Command Chief Medical Officer or Type Command Surgeon Endorsement

I recommend approval of this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Command Chief Medical Office or
Type Command Surgeon Rank, Name,
Signature, Date

Regional Chief Medical Officer or Fleet Surgeon Endorsement

I recommend approval of this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Regional Chief Medical Officer or
Fleet Surgeon Rank, Name, Signature, Date

Flag Officer Determination

I approve this permanent medical exemption. Please have medical authority update Medical Readiness Reporting System to reflect this permanent medical exemption.

I disapprove of this permanent medical exemption. Member must receive vaccination. Letter must return through the routing chain and copy member's commanding officer.

Comments:

Flag Officer Rank, Name,
Signature, Date