**DEPARTMENT OF THE AIR FORCE SQUADRON (Command)  
DYESS AIR FORCE BASE TEXAS**

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MEMORANDUM FOR 7 FSS/FSYY FROM: Service Member’s Name

SUBJECT: Immunization waiver request for children

DATE

1. My sincerely-held religious beliefs form the reason for objection of vaccinations for my children. I acknowledge that I am aware of the risk involved when choosing not to immunize, and I acknowledge that exempted individuals are subject to exclusion from working in or attending during an outbreak.
2. I have been counseled by their primary care physician on the dangers, and I have included that memo in my package.
3. Please approve this immunization request to allow my children into the youth center for care.
4. If there are any questions regarding this matter, I can be reached at [\_\_\_\_\_\_\_@us.af.mil](mailto:_______@us.af.mil) or at DSN: XXX-XXXX

SIGNATURE

Death from above