

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade CDT	Date of Counseling
Organization Company USCC, USMA	Name and Title of Counselor CPT, Tactical Officer	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

On 24 August 2021, the Secretary of Defense directed the Secretary of the Army to begin full vaccination of the U.S. Army against the COVID-19 disease.

On 27 September 2021, you declined to receive the COVID-19 vaccine, and requested a religious exemption. Your request for religious exemption was denied on 1 December 2021. You appealed the initial decision regarding your medical exemption to the Assistant Secretary of the Army for Manpower & Reserve Affairs, and that appeal was denied on 10 August 2022. You requested a medical exemption from the COVID-19 vaccine which was denied, and your appeal of that decision was denied by the Deputy Surgeon General on 2 November 2022.

You do not have any pending or approved exemptions for the COVID-19 vaccine.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

1. The purpose of the COVID-19 vaccines is to prevent the spread of the COVID-19 disease.
2. The COVID-19 disease may be present in a possible area of operation.
3. The COVID-19 vaccines are safe and effective at preventing the COVID-19 disease and reducing the risk of severe illness and death. COVID-19 vaccines reduce the risk of people spreading the virus that causes COVID-19. While you may have side effects after your vaccination, these are normal and should go away within a few days. It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. You are not fully vaccinated until 2 weeks after the second dose of a 2-dose vaccine or 2 weeks after a single dose vaccine. You have already discussed the vaccine with medical professionals.
4. COVID-19 vaccines continue to be developed for use, to include new vaccines that may have received approval since you sought an exemption. As such, I highly encourage you to stay informed about COVID-19 vaccines and consult with your healthcare provider and religious advisor to see if a vaccine has become available that would satisfy your religious concerns and enable you to comply with the Department of Defense's COVID-19 vaccine mandate.
5. You are hereby ordered to become fully vaccinated with a COVID-19 vaccine that has received full licensure from the Food and Drug Administration (FDA). This is a lawful order. Failure to obey this order may result in punitive or adverse administrative action. In addition, voluntary immunization with a COVID-19 vaccine under FDA Emergency Use Authorization or World Health Organization Emergency Use Listing in accordance with applicable dose requirements prior to, or after receiving this order, constitutes compliance with this order.

I am counseling you for the conduct noted above. Be advised that continued conduct of this nature may result in administrative action to include your separation from the service, and/or punitive action under the UCMJ. If this conduct continues, action may be initiated to involuntarily separate you from the service under AR 150-1. If you are involuntarily separated, and have already affirmed (entered your second or first class year) you may be subject to recoupment, pursuant to AR 150-1, paragraphs 7-4 and 8-2. Additionally, if you are involuntarily separated, you could receive an Honorable or General Under Honorable Conditions discharge. If you receive an Honorable discharge, you will be qualified for most benefits resulting from your military service. If you receive a General Under Honorable Conditions discharge or an Other than Honorable discharge, you may be ineligible for many, if not all, veterans benefits, and you may face difficulty in obtaining civilian employment as employers may have a low regard for less than Honorable discharges.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

You are hereby ordered to comply with the order on page 1, paragraph 5.
(SM initial) _____ (CDR initial) _____

You will make a plan no later than 1600hrs on 10 November 2022 to receive the vaccine within three business days. COL Dawson is available to answer your questions and explain the differences between the available COVID-19 vaccines. You may schedule an appointment to receive the vaccine by calling 845-938-7992. You may also make an appointment off post to receive a COVID-19 vaccine. Appointments off and on post are readily available within 3 business days.

(Initial one option below)

I have scheduled an appointment to receive the COVID-19 vaccine _____ (SM Initial).
My appointment is scheduled for _____.
Location of COVID-19 vaccine appointment _____.

I refuse to receive the COVID-19 vaccine _____ (SM Initial).

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____

Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: _____

Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____

Individual Counseled: _____

Date of
Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.