

Instructions to Complete a DD Form 3175 in MilConnect

Navigate to this link in your browser:

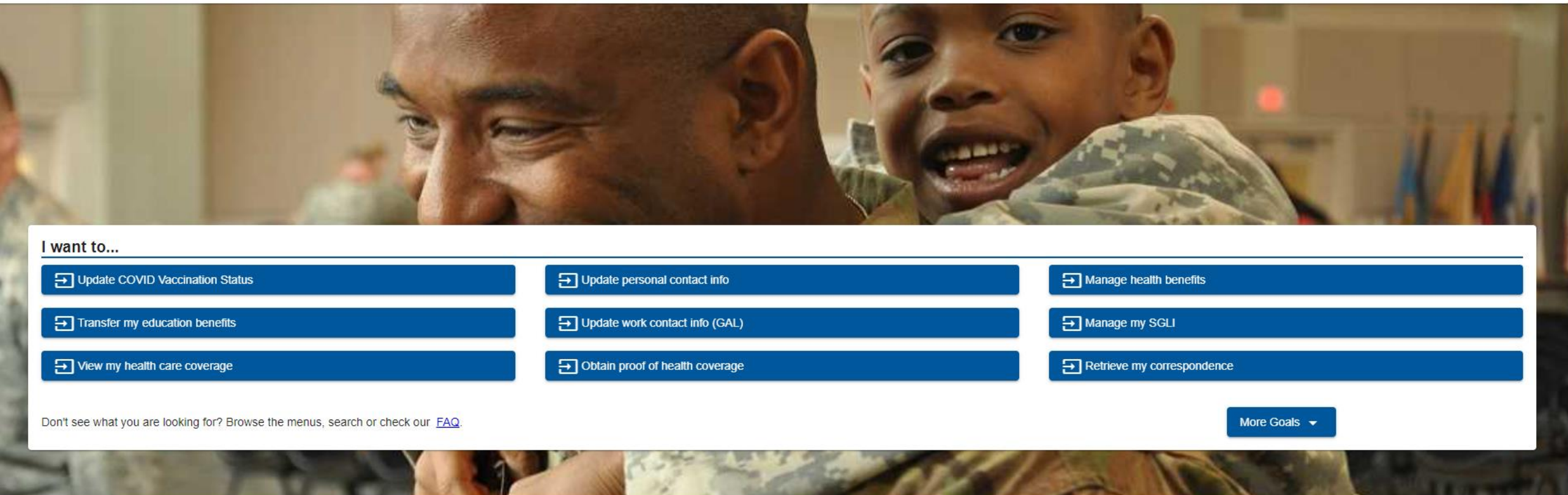
<https://milconnect.dmdc.osd.mil/milconnect/>

Note: The DoD uses data supplied by MilConnect for COVID-19 vaccination reporting purposes. Every employee may not have ready access to MilConnect so completing a manual DD Form 3175 is acceptable. HRO reports the completion status of all DD Form 3175s separately to capture employees who may not be able to complete the form in MilConnect. Using MilConnect is, however, the preferred method to achieve compliance with this requirement.

POC for questions is MAJ Daryl Scott at daryl.g.scott.mil@army.mil or 614-336-7121.



- i Civilian employees:** To update your **COVID vaccination status**, visit the [eCorrespondence page](#) and select the Vaccination Certification tab. At this time, **DoD Contractors** cannot self-attest their COVID vaccination status in milConnect.
- i Civilian Supervisors:** You can now **validate your employees' vaccination status** on the [eCorrespondence page](#).



I want to...

[Update COVID Vaccination Status](#)

[Update personal contact info](#)

[Manage health benefits](#)

[Transfer my education benefits](#)

[Update work contact info \(GAL\)](#)

[Manage my SGLI](#)

[View my health care coverage](#)

[Obtain proof of health coverage](#)

[Retrieve my correspondence](#)

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[More Goals](#) ▾

Login to MilConnect by clicking the “Sign In” button in the top-right corner.



ATTENTION ALL USERS: PLEASE READ THE BELOW INFORMATION IN ITS ENTIRETY

ACTION NEEDED: Phone Numbers can be updated by yourself by logging into your DS Logon account and going to "UPDATE CONTACT INFORMATION." This will take you to a screen to update your own phone number and email. Please ensure your phone (e.g., cell, landline) and email address is accurate as future security features will be enabled soon and you won't have access to your DS Logon account if the phone number is not one you can access.

IMPORTANT: After visiting DS Logon or one of our partner sites, CLOSE your browser window AND all open tabs. This will help protect your information and privacy. If you choose not to close your browser and all open tabs, this can enable third parties access to your PRIVATE HEALTH and BENEFIT INFORMATION.

DS Logon

CAC

DFAS

CAC



Login

 Need An Account?

 Activate My Account

 Upgrade To Premium Account

Continue the login process using your CAC.

Self-Service Consent to Monitor

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- While all personal identifying information (PII) data stored on this IS is protected under the Privacy Act of 1974, all communications using this IS, and the data captured to support this IS, are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

[Contact DMDC](#) || [Accessibility/Section 508](#) || [USA.gov](#) || [No Fear Act Notice](#)

OK

Click "OK" to continue.

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- i Civilian Supervisors:** You can now **validate your employees' vaccination status** on the [eCorrespondence page](#).

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[More Goals](#) 

Select the “eCorrespondence page” link.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

Correspondence

Proof of Coverage

Vaccination Certification

COVID Vaccination Certification

Vaccination Status

Supervisor Review

CIVILIAN EMPLOYEE NAME (Last, First, MI):

CIVILIAN EMPLOYEE DoD ID NUMBER:

VACCINATION STATUS:

VACCINE MANUFACTURER OR VACCINE PRODUCT NAME:

DATE OF FIRST DOSE:

DATE OF SECOND DOSE (if two-dose vaccine):

DATE FULLY VACCINATED:

SELF-ATTESTATION SUBMISSION DATE:

Generate DD Form 3175

Update DD Form 3175

Select the “Generate DD Form 3175” button.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

Correspondence Proof of Coverage Vaccination Certification

COVID Vaccination Certification

DoD CIVILIAN EMPLOYEE CERTIFICATION OF VACCINATION

PRIVACY ACT STATEMENT

Authority: Pursuant to 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021), DoD is authorized to collect this information. Additional authorities for the systems of records associated with this collection of information also include: E.O. 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; E.O. 12196, Occupational Safety and Health Program for Federal Employees; 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672; DoD Directive 5525.21; and DoD Instruction 6200.03. Providing this information is mandatory, and DoD is authorized to impose penalties for failure to provide the information pursuant to applicable Federal personnel laws and regulations.

Principal Purpose: This information is being collected and maintained to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, and ensure the safety and protection of the DoD workforce, workplace, and other DoD facilities and environments, consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a person, organization or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency, or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment, contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; or agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement, or to a person authorized to act on your behalf.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information as follows: For most Federal civilian employees: OPM/GOVT-10, Employee Medical File System Records, 75 Fed. Reg. 35099 (Jun. 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015). For Federal civilian employees not covered by OPM/GOVT-10: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is mandatory. Unless granted an exemption, all covered Federal civilian employees are required to be vaccinated against COVID-19. Employees are required to provide documentation concerning their vaccination status to their employing DoD Component. Failure to provide this information may subject you to disciplinary action, including and up to removal from Federal service.

INSTRUCTIONS: Section A of this form should be completed by DoD civilian employees only. Section B of this form should be completed by the DoD civilian employee's supervisor (or authorized human resources official). This form should be completed by DoD civilian employees only. Service members and employees of DoD contractors should not complete this form.

SECTION A. To be completed by DoD civilian employees.

1. CIVILIAN EMPLOYEE NAME (Last, First, MI):

2. CIVILIAN EMPLOYEE DoD ID NUMBER:

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

3. a. I am fully vaccinated.

Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.

3. b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).

3. c. I have submitted proof of vaccination to my supervisor.

Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.

3. d. I have not received any vaccination doses.


3. e. I have submitted a request for exemption from vaccination and a decision is still pending.

3. f. I have an approved exemption from vaccination.

Complete SECTION A, Parts 3, 4, & 5 (as needed) of the form by clicking in the check boxes and radio buttons.

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

- 3.a. I am fully vaccinated.
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.
- 3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).
- 3.c. I have submitted proof of vaccination to my supervisor.
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.
- 3.d. I have not received any vaccination doses.
- 3.e. I have submitted a request for exemption from vaccination and a decision is still pending.
- 3.f. I have an approved exemption from vaccination.

 This section is only for employees that are considered partially vaccinated as defined above.

4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):

4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):

- Pfizer-BioNTech/Comirnaty
- Moderna
- AstraZeneca/Oxford
- Johnson and Johnson (J&J)/Janssen
- Novavax
- Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):

4.b. DATE OF FIRST DOSE:

4.c. DATE OF SECOND DOSE (if two-dose vaccine):

4.d. DATE FULLY VACCINATED:

Other Vaccine Name

Maximum of 23 characters; Only alphanumerics, dashes, and parentheses are allowed.

5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS


- I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including and adverse personnel action up to and including removal from my position.

6. CIVILIAN EMPLOYEE SIGNATURE:

7. DATE:

Cancel

Finish the form by checking the box in Part 5 and clicking the "Submit Status" button.

 Please also note that it may take up to 24 hours for your correspondence to post to milConnect.

eCorrespondence

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

[Correspondence](#) [Proof of Coverage](#) [Vaccination Certification](#)

COVID Vaccination Certification

Vaccination Status [Supervisor Review](#)

If employees are missing from the list or there are employees on the list who do not report to you, please see information on [MyBiz+ Update MyTeam](#).

Name	Status	Action
Employee #1	Employee Submitted	View/Update Generate DD Form 3175
Employee #2	Not Submitted	View/Update Generate DD Form 3175
Employee #3	Employee Submitted	View/Update Generate DD Form 3175
Employee #4	Not Submitted	View/Update Generate DD Form 3175

Supervisors can click on the “Supervisor Review” tab to see a list of employees and their COVID Vaccination Certification status. This list populates from the DCPDS hierarchy.

Click on View/Update to complete the “Supervisor Review” portion of the DD Form 3175.

- Johnson and Johnson (J&J)/Janssen
- Novavax
- Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):
- Other Vaccine Name

4.d. DATE FULLY VACCINATED:

5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS

I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.

6. CIVILIAN EMPLOYEE SIGNATURE:

Employee #3

7. DATE:

SECTION B. To be completed by the supervisor of the DoD civilian employee completing section A (or an authorized human resources official)

8. SUPERVISOR PROOF OF VACCINATION REVIEW

- 8.a Proof of vaccination not received.
- 8.b Proof of vaccination received and under review.
- 8.c Proof of vaccination received and reviewed.

9. STATUS OF VACCINATION - EXEMPTION REVIEW

- 9.a Exemption request received and pending disposition.
- 9.b Exemption request received and approved.
- 9.c Exemption request received and denied.
- 9.d Exception request not received.

10. SUPERVISOR / AUTHORIZED HR OFFICIAL NAME (Last, First, MI):

11. SUPERVISOR DoD ID NUMBER:

12. SUPERVISOR / AUTHORIZED HR OFFICIAL SIGNATURE:

13. DATE:

Cancel

Supervisors will complete SECTION B, Parts 8 and 9 (if needed).

Then click the "Submit Update" button.

Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.

✔ You have successfully validated the employee's COVID-19 Vaccination status.

Correspondence Proof of Coverage Vaccination Certification

COVID Vaccination Certification

Vaccination Status Supervisor Review

If employees are missing from the list or there are employees on the list who do not report to you, please see information on [MyBiz+ Update MyTeam](#).

Name	Status	Action
Employee #1	Employee Submitted	View/Update Generate DD Form 3175
Employee #2	Not Submitted	View/Update Generate DD Form 3175
Employee #3	Supervisor Validated	View/Update Generate DD Form 3175
Employee #4	Not Submitted	View/Update Generate DD Form 3175

Supervisors and Employees will see the current status under the “Status” column and will use the “Generate DD Form 3175” button to produce a digitally signed PDF version of the form to send to the Human Resources Office using this email distribution list: ng.oh.oharng.list.j1-hro-lr@army.mil