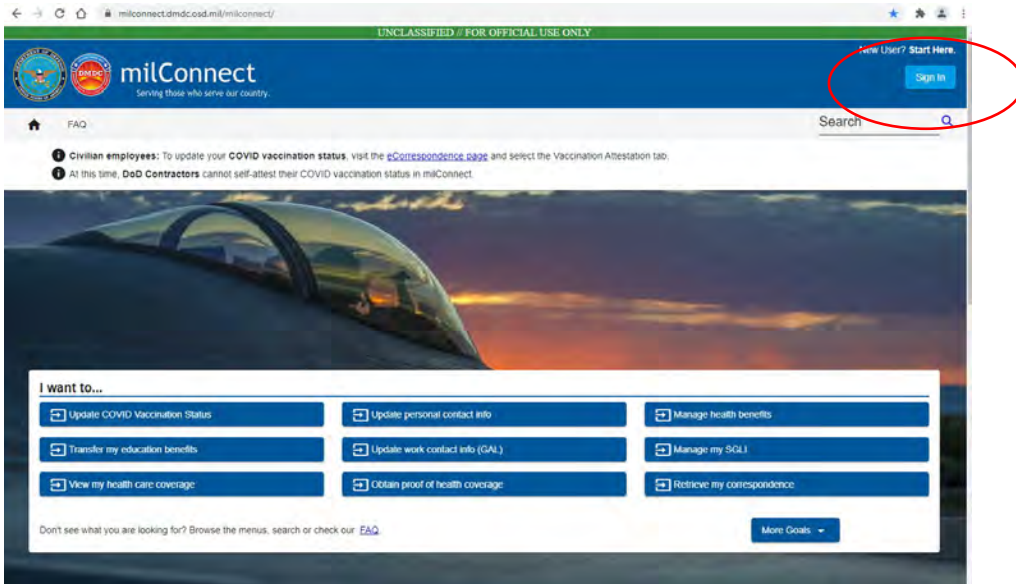


TAB B – Electronic DD Form 3175 & 3150 User Guides

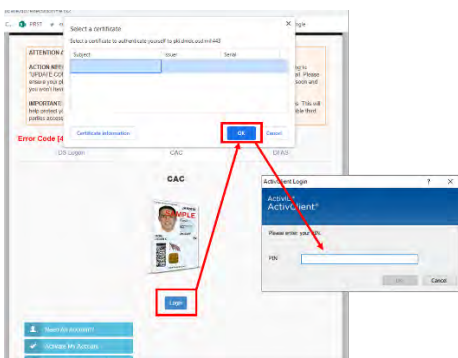
Go to <https://milconnect.dmdc.osd.mil/milconnect/> (Note: Best used in Chrome or Edge)
Select Sign In (upper right corner)



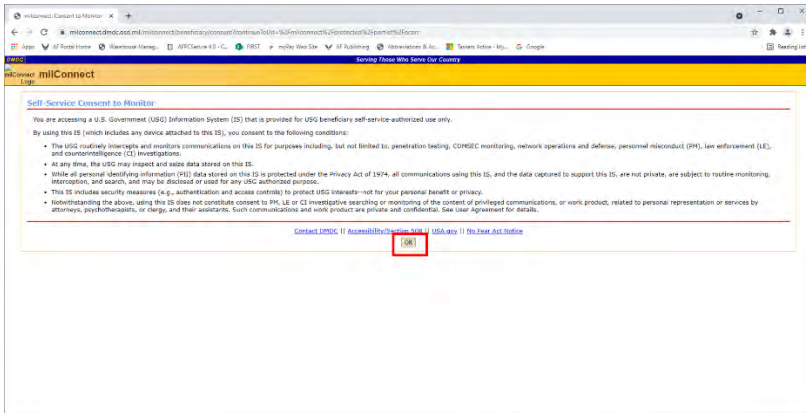
Select CAC option and login



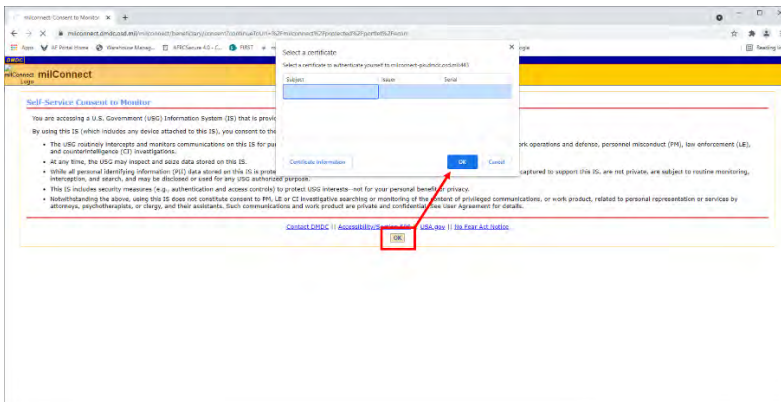
Select certificate and OK (enter PIN as prompted)



Click OK at Consent Banner

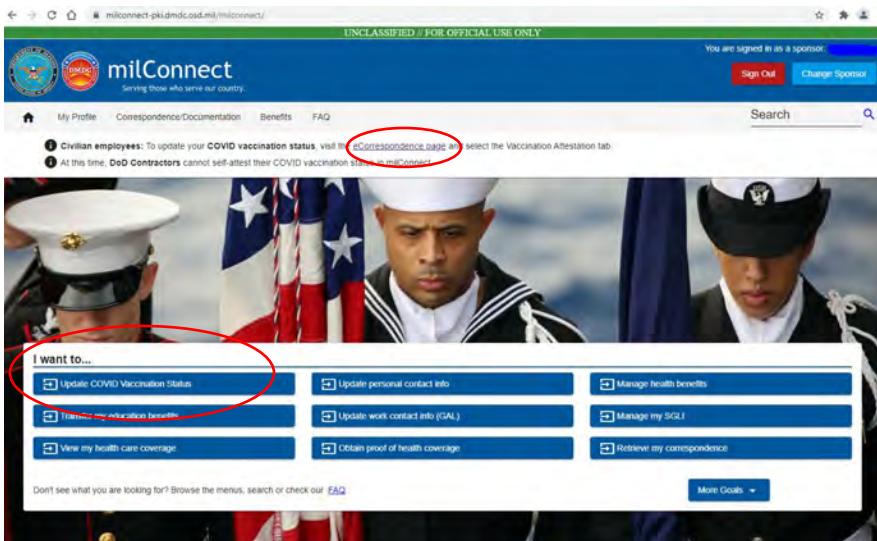


Select Certificate and Click OK



Select either the link to eCorrespondence page next to Civilian employees: or I want to Update COVID Vaccination Status

(Note: Must be signed in as a sponsor; those with dependent status must change sponsor to themselves to access the DD3175 as a civilian employee)



Select Vaccination Attestation

The screenshot shows the milConnect portal interface. At the top, there's a navigation bar with 'My Profile', 'Correspondence/Documentation', 'Benefits', and 'FAQ'. A search bar is on the right. Below the navigation bar, a message states: 'Please also note that it may take up to 24 hours for your correspondence to post to milConnect.' The main content area is titled 'eCorrespondence' and includes a sub-header: 'Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.' There are three tabs: 'Correspondence', 'Proof of Coverage', and 'Vaccination Attestation' (which is highlighted with a red box). Below the tabs, a message says: 'Open the documents listed below to securely access benefits correspondence that might include Personally Identifiable Information. If you have trouble accessing a PDF, try the HTML version.' There are two sections: 'Family Members' and 'Letters for'. The 'Letters for' section shows 'No correspondence available.' At the bottom, there's a footer with 'BENEFITS SUPPORT', 'TECHNICAL SUPPORT', and 'HELP' sections, along with social media links for DMDC Facebook, DMDC Twitter, Military Crisis Line, DoD Safe Helpline, and National Resource Directory.

Select Update Status (Note: If DD3150 was previously filled out update status will now take you to the DD3175)

The screenshot shows the milConnect portal interface. At the top, there's a navigation bar with 'My Profile', 'Correspondence/Documentation', 'Benefits', and 'FAQ'. A search bar is on the right. Below the navigation bar, a message states: 'Please also note that it may take up to 24 hours for your correspondence to post to milConnect.' The main content area is titled 'eCorrespondence' and includes a sub-header: 'Review correspondence for the selected family member, choose options for a Proof of Coverage letter, or update vaccination status.' There are three tabs: 'Correspondence', 'Proof of Coverage', and 'Vaccination Attestation' (which is highlighted with a red box). Below the tabs, a message says: 'Open the documents listed below to securely access benefits correspondence that might include Personally Identifiable Information. If you have trouble accessing a PDF, try the HTML version.' There are two sections: 'Family Members' and 'Letters for'. The 'Letters for' section shows 'No correspondence available.' At the bottom, there's a footer with 'BENEFITS SUPPORT', 'TECHNICAL SUPPORT', and 'HELP' sections, along with social media links for DMDC Facebook, DMDC Twitter, Military Crisis Line, DoD Safe Helpline, and National Resource Directory.

The DD3175 will open with identification information already populated

The screenshot shows the DD3175 form titled 'DoD CIVILIAN EMPLOYEE CERTIFICATION OF VACCINATION'. The form includes a 'PRIVACY ACT STATEMENT' section with text about the collection and use of information. Below this, there's a section titled 'SECTION A. To be completed by DoD civilian employees.' which contains fields for '1. CIVILIAN EMPLOYEE NAME (Last, First, MI)' and '2. CIVILIAN EMPLOYEE DoD ID NUMBER'. Below these fields, there's a section titled '3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:' which includes three checkboxes: '3.a. I am fully vaccinated.', '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).', and '3.c. I have submitted proof of vaccination to my supervisor.' Below these checkboxes, there's a section titled '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.'

If 3a is selected - 3b, 3e, 3f and section 4 will become grayed out

- 3c will be available to select

INSTRUCTIONS: Section A or this form should be completed by UICU civilian employees only. Section B or this form should be completed by the UICU civilian employee's supervisor (or authorized human resources official). This form should be completed by UICU 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.

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 ☐ 4.b. DATE OF FIRST DOSE: _____

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

☐ AstraZeneca/Oxford ☐ 4.d. DATE FULLY VACCINATED: _____

☐ 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. 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 ☐ 4.b. DATE OF FIRST DOSE: _____

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

☐ AstraZeneca/Oxford ☐ 4.d. DATE FULLY VACCINATED: _____

☐ 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: _____

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

If 3b is selected Section 4 will be required

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.

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 ☐ 4.b. DATE OF FIRST DOSE: _____

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

☐ AstraZeneca/Oxford ☐ 4.d. DATE FULLY VACCINATED: _____

☐ 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: _____

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

Once section 3 and 4 (if required) are filled out the certification in block 5 must be checked

The screenshot shows the milConnect - ECORR form. Section 3 contains three checkboxes: 3.c (checked), 3.d, and 3.e. Section 4 is titled '4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):'. It includes fields for vaccine manufacturer, date of first dose, date of second dose, and date fully vaccinated. Section 5 is titled '5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS' and contains a checkbox that is checked, with a red arrow pointing to it from the instruction in section 4. Below section 5 are fields for '6. CIVILIAN EMPLOYEE SIGNATURE' and '7. DATE'. At the bottom are 'Cancel' and 'Submit Status' buttons.

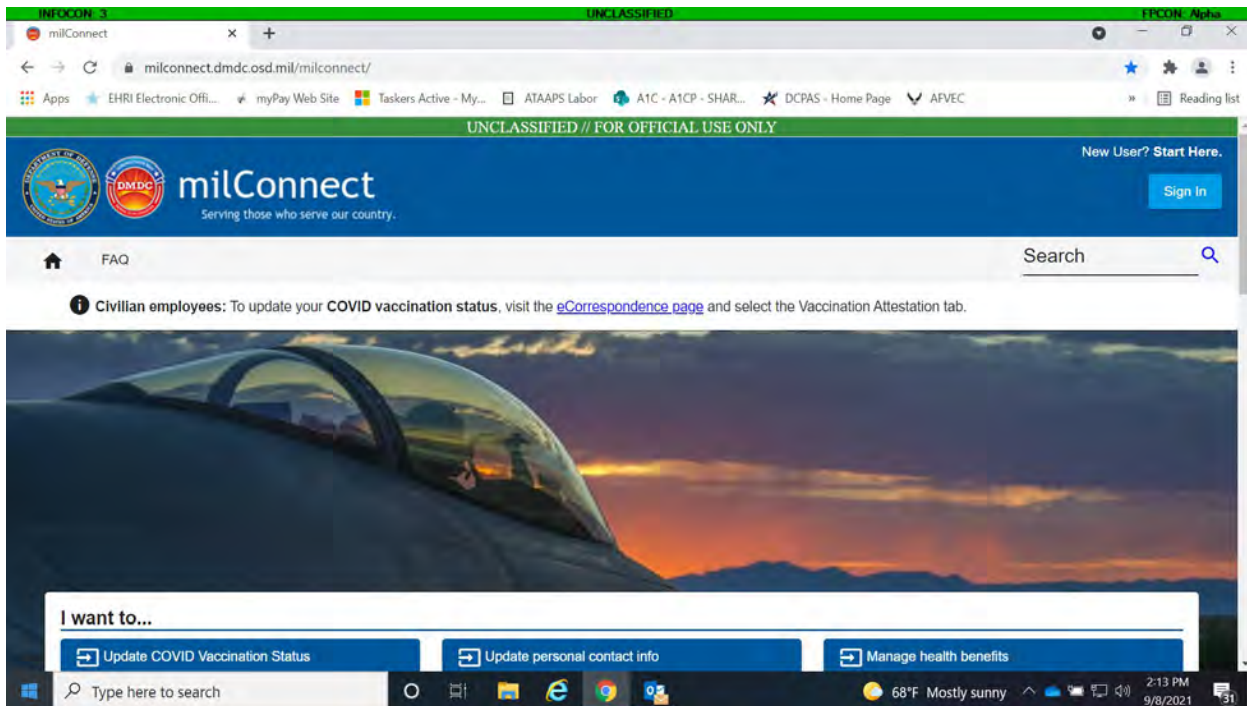
Once certified click the Submit Status to submit

This screenshot is identical to the previous one, showing the milConnect - ECORR form. The 'Submit Status' button at the bottom of section 5 is highlighted with a red rectangular box.

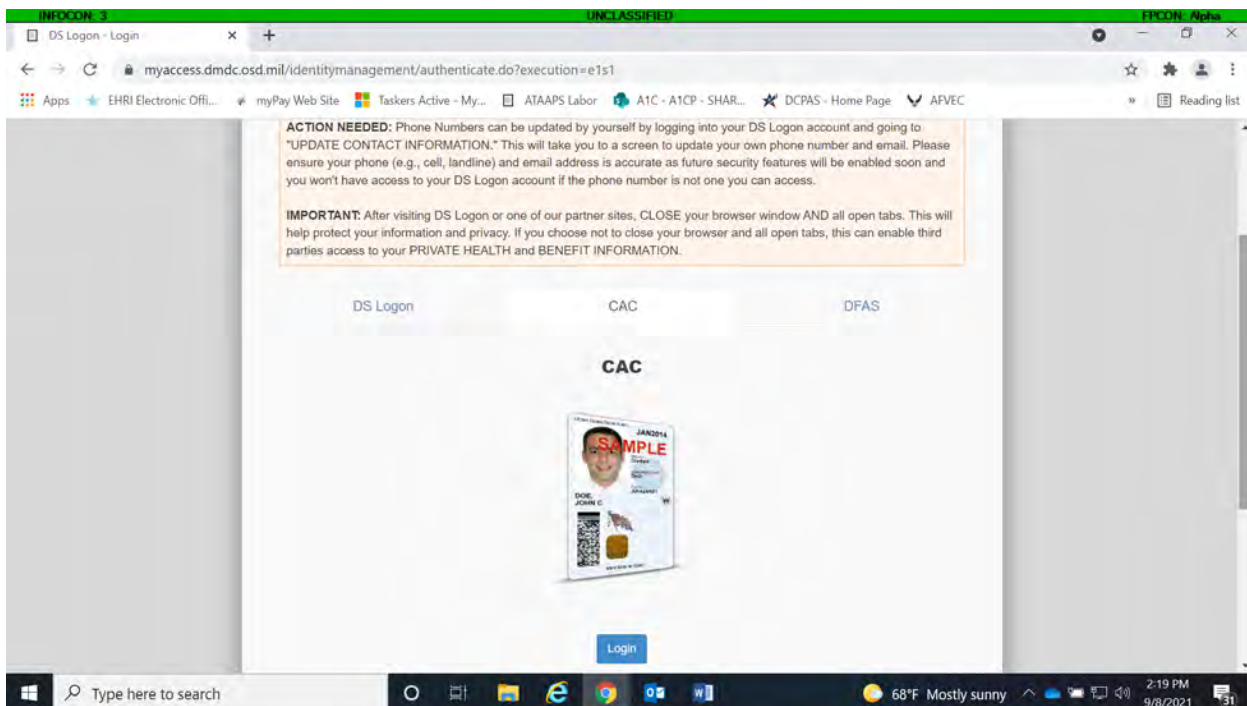
Once submitted employees may print a copy of the DD3175 for their records, printing is not required if the form is completed electronically

Electronic DD Form 3150 User Guide

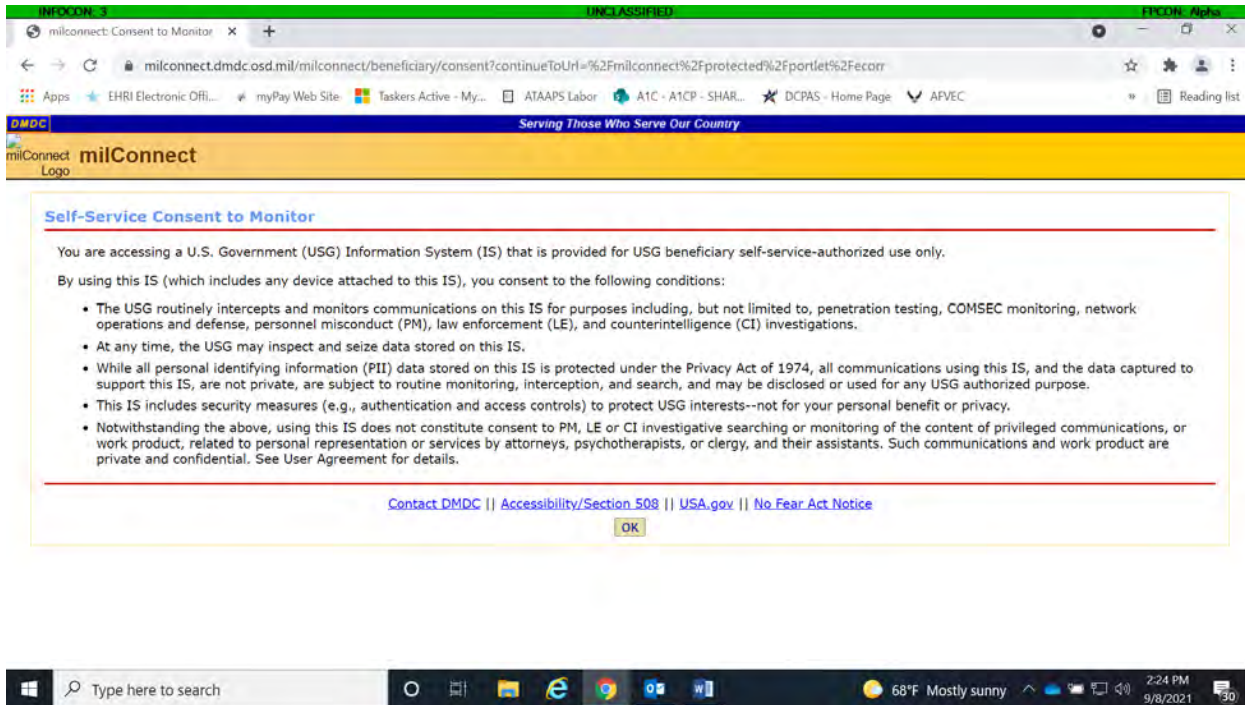
Go to <https://milconnect.dmdc.osd.mil/milconnect/>



1. Click Update COVID Vaccination Status (Under “I want to”.....)



2) Select CAC, click Login, then enter pin



3) Read Self-Service Consent and click OK

milConnect - ECCR

milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/ecorr

You have not yet submitted your COVID vaccination status. Select Update Status to self-attest your vaccine status.

Correspondence Proof of Coverage **Vaccination Attestation**

COVID Vaccination Self-Attestation

NAME (Last, First, MI)

DoD ID NUMBER

Vaccination Status

Self-Attestation Submission Date

Update Status

4) Tab over and select Vaccination Attestation and click Update Status

milConnect - ECCR

milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/ecorr

COVID Vaccination Self-Attestation

CERTIFICATION OF VACCINATION

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, via informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not have this notice.

PRIVACY ACT STATEMENT

Authority: DoD is authorized to collect the information on this form pursuant to Executive Order (E.O.) 13991, Protecting the Federal Workforce and Requiring Mask-Wearing and E.O. 12196, 5 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 2672, 5 U.S.C. chapters 11, and 79, and DoD Instruction 6200.03.

Principal Purpose: This information is being collected and maintained to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, including DoD's COVID-19 testing program 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 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 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 diseases (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, and government 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 receive information from the System of Records Notice (SORN) associated with the collection of this information. For most Federal employees: OPM/GOVT-10, Employee Medical File System of Records, [75 Fed. Reg. 35](#); Federal employees not covered by OPM/GOVT-10, contractors, and other DoD-affiliated persons: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, [65 Fed. Reg. 35](#); <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>.

INSTRUCTIONS: This form should be completed by civilian employees, onsite contractor employees, and other individuals if required in accordance with current DoD Force Health Protection Guidance.

NAME (Last, First, MI)

3. PLEASE CHECK THE BOX BELOW THAT COINCIDES WITH YOUR VACCINATION STATUS:

☒ I am fully vaccinated. Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer-BioNTech or Moderna) or two

☐ I am not yet fully vaccinated. I received my first dose of Moderna or Pfizer and my second appointment is scheduled, or I received my final dose of any vaccine less than two weeks ago.

☐ I have not been vaccinated.

☐ I decline to respond.

Individuals who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious, if you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as not fully vaccinated.

☒ I attest that the information provided in this form is accurate and true to the best of my knowledge.

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). Checking "I decline to respond" does not constitute a false administrative action including an adverse personnel action up to and including removal from my position.

Self-Attestation Submission Date: 9/8/2021

Cancel Submit Status

5) Complete Certification of Vaccination Section 3 and click Submit Status
(Please Note: Section 1 (Name); Section 2 (DoD ID Number); and Section 4 (Self-Attestation Completion Date) will auto populate)

UNCLASSIFIED // FOR OFFICIAL USE ONLY

You are signed in as a sponsor: Cynthia Campbell

Sign Out

My Profile Correspondence/Documentation Benefits FAQ Search

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.

You have successfully submitted your COVID vaccination status. Remember to generate your Certification of Vaccination PDF (DD Form 3150) and email it as designated by your agency.

Correspondence Proof of Coverage Vaccination Attestation

COVID Vaccination Self-Attestation

NAME (Last, First MI)

You should receive the following message, "You have successfully submitted your COVID vaccination status. Remember to generate your Certification of Vaccination PDF (DD Form 3150) and email it as designated by your agency."

milConnect - ECORR

milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/ecorr

Vaccination Status
I am fully vaccinated.

Self-Attestation Submission Date
2021-09-08

Generate DD Form 3150 Update Status

BENEFITS SUPPORT
Call the DMDC/DEERS Support Office (DSO): **(800) 538-9552**.
Keeping your DEERS records current helps speed your TRICARE medical benefits.

TECHNICAL SUPPORT
Call the DMDC Support Center: **(800) 477-8227**.
Talk to Tech Support about the milConnect Web site.

HELP
When you need fast facts about your benefits or records, check our [FAQ](#) first.
Or search [Help](#) for quick tips on using milConnect.

CONNECT WITH US

Facebook Twitter YouTube Instagram

Type here to search

70°F Sunny 2:50 PM 9/8/2021

After initial completion/submission of the form, you can generate for download a copy of your DD Form 3150 or you can update your status at any time.