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MEMORANDUM FOR DISTRIBUTION C
MAJCOMs/FLDCOMs/FOAs/DRUs

SUBJECT: Department of the Air Force Policy Memorandum *Accessions and In-Service Transition for Persons Identifying as Transgender*

This Department of the Air Force (DAFPM) Policy Memorandum immediately establishes specific Air Force and Space Force policy and provides guidance associated with the accession and in-service transition of Service members identifying as transgender. Compliance with this memorandum is mandatory. To the extent the memorandum's directions are inconsistent with other DAF publications, the information herein prevails, in accordance with Department of the Air Force Instruction 33-360, *Publications and Forms Management*.

The policy guidance outlined in this memorandum is effective immediately and will be incorporated into Air Force Manual (AFMAN) 36-2905, *Air Force Physical Fitness Program*; Air Force Instruction (AFI) 36-2903, *Dress and Personal Appearance of Air Force Personnel*; AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*; AFI 36-3208, *Administrative Separation of Airmen*; AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; AFI 36-3501, *United States Air Force Academy Operations*; AFROTCI 36-2011, *Cadet Operations*; Department of the Air Force Manual 48-123, *Medical Examinations and Standards*; AFI 36-2710, *Equal Opportunity Program* and AFI 32-6000, *Housing Management*.

There are no releasability restrictions on this publication. It applies to the Regular Air Force, United States Space Force, Air Force Reserve, and Air National Guard. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. This Memorandum becomes void after one year has elapsed from the date of this Memorandum, or upon publishing of a new Policy Directive permanently establishing this policy, whichever is earlier.

JOHN P. ROTH
Acting Secretary of the Air Force

Attachments:

1. Policy Guidance for Transgender Service Members and Members with Gender Dysphoria
2. In-Service Transition
3. References
4. SAMPLE: Exception to Policy (ETP) Request Memorandum

Attachment 1

Policy Guidance for Transgender Service Members and Members with Gender Dysphoria

1. SECTION I: Applicability.

This memorandum provides policy and guidance for all Service members serving in the Regular Air Force, the Air Force Reserve, the Air National Guard, and the United States Space Force. This guidance implements the policy in Department of Defense Instruction (DoDI) 1300.28, *In Service Transition for Transgender Service Members* effective April 30, 2021. This guidance also assigns responsibilities, and prescribes procedures regarding the standards for accession, retention, separation, in-service transition, and medical coverage for members and applicants with gender dysphoria, as applicable. Questions regarding this policy may be addressed to the Service Central Coordination Cell (SCCC) at usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil.

For the purpose of this issuance, the term “Service member” includes cadets and midshipmen in a contracted Air Force Reserve Officer Training Corps (AFROTC) status and those at the United States Air Force Academy. This issuance does not apply to individuals participating in AFROTC in a non-contracted volunteer status. Contracted AFROTC cadets have limited eligibility for medical benefits and care through a military medical treatment facility (MTF), delineated in DoD Instruction (DoDI) 1215.08, *Senior Reserve Officers’ Training Corps (ROTC) Programs*.

2. SECTION II: Policy.

It is DAF policy that:

a. Service in the Air Force and Space Force should be open to all persons who can meet the high standards for military service and readiness.

b. All Service members and applicants for accession must be treated with dignity and respect and afforded equal opportunity in an environment free from prohibited discrimination. No person, solely based on their gender identity, will be denied accession, involuntarily separated or discharged, denied reenlistment or continuation of service, or subjected to adverse action or treatment in the Air Force or Space Force. In today's Air Force and Space Force, people of different backgrounds and views work, live, and fight together on a daily basis. This is possible because they treat each other with dignity and respect. We will continue to respect and serve with others who may have different backgrounds or hold different views.

c. Except where a provision of policy has granted an exemption, transgender Service members or applicants for accession must be subject to the same standards as all other persons. When a standard, requirement, or policy depends on whether the individual is male or a female (e.g. medical fitness for duty; physical fitness and body fat standards; lodging, bathroom and shower facilities; and uniform and grooming standards), all persons will be subject to the standard, requirement, or policy associated with their gender marker in the Defense Enrollment Eligibility Reporting System (DEERS).

d. Personnel will be accessed or commissioned in accordance with DAFMAN 48-123 and Volume 1 of DODI 6130.03, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*.

e. Separation and Retention:

(1) Service members may not be separated, discharged, or denied reenlistment or continuation of service solely based on gender identity.

(2) A service member, whose ability to serve is adversely affected by a medical condition or medical treatment related to their gender identity or gender transition should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.

(3) Service members are subject to separation in an entry-level status during the period of initial training defined as 180 days per DoDI 1332.14, *Enlisted Administrative Separations*, based on a medical condition that impairs the member's ability to complete such training.

(4) A Service member is subject to administrative separation for a fraudulent or erroneous enlistment or induction when warranted and in accordance with AFI 36-3208, based on any deliberate material misrepresentation, omission, or concealment of a fact, including a medical condition, that if known at the time of enlistment, induction, or entry into a period of military service, might have resulted in rejection.

(5) Service members who are not wartime mission capable or who are non-deployable for more than 12 consecutive months will be evaluated for referral into the Disability Evaluation System, administrative separation, or retention determination as appropriate, pursuant to DoDI 1332.45, *Retention Determinations for Non-Deployable Service Members* and DAF implementing issuances.

3. SECTION III: Considerations for Air Force Reserve Officer Training Corps (AFROTC) and United States Air Force Academy (USAFA) Cadets.

a. In seeking approval for gender transition, contracted AFROTC cadets must coordinate with their detachment commander on how to submit all required civilian medical and mental health documents to Accession Medical Waiver Division (AMWD) for clinical and administrative review for appropriate case disposition. AMWD forwards cases to the Transgender Health Medical Evaluation Unit (THMEU) to validate civilian diagnosis, treatment plan, and to determine the estimated date transition is complete in accordance with associated timeline. In seeking approval for gender transition, USAFA cadets will follow the procedures for regular Active Duty members in Attachment 2. Except as indicated in this Section, contracted AFROTC cadets will follow the procedures in Attachment 2.

b. An individual participant is subject to placement on medical leave of absence or medical disenrollment from the AFROTC in accordance with DoDI 1215.08 or from USAFA in accordance with DoDI 1322.22, *Service Academies* based on a medical condition that impairs the individual's ability to complete such training or to access into the Military Services.

c. In a manner consistent with this issuance and with applicable DoD regulations, commanders will address a contracted AFROTC cadet or USAFA cadet's gender transition with a view of mitigating the impact on the cadet's training, scholarships, and eligibility for retention and commissioning. Such mitigation strategies may include:

(1) AFROTC Cadet:

- (a) Deferring Field Training.
- (b) Placing the cadet in Pursuing Status.
- (c) Requesting waivers to policy or medical standards (including medical qualification for Field Training if appropriate).
- (d) Medical Leave of Absence.
- (e) Changing the Date of Commission, within the same or to a later fiscal year.

(2) USAFA cadet:

- (a) Requesting waivers to policy or medical standards.
- (b) Medical or excess leave.

d. Retention:

(1) Contracted AFROTC or USAFA cadets undergoing commander-approved gender transition. As with all cadets who experience a medical condition while in the AFROTC Program or USAFA, each situation is unique and will be evaluated based on the individual circumstances. Individuals are required, however, to meet medical accession standards as a prerequisite to appointment in the Armed Forces.”

- (a) Time elapsed since the most recent sex reassignment or genital reconstruction surgery, with no functional limitations or complications and no additional surgery, under DoDI 6130.03 V1, sections 5.13(f)(2) or 5.14(m)(2), or
- (b) Stability on cross-sex hormones or no longer requiring such hormones, under DoDI 6130.03 V1, section 5.24(t), or

(c) Stability following gender dysphoria diagnosis, under DoDI 6130.03 V1, section 5.28(t).

(2) A cadet may still be disenrolled for medical disqualification within 180 days after becoming a contracted AFROTC or USAFA cadet.

(3) A cadet may still be disenrolled as otherwise permitted under applicable regulations.

(4) Contracted AFROTC and USAFA cadets must meet accession standards at graduation and prior to commissioning.

4. SECTION IV: Medical Waivers.

a. Any accessions applicant who does not meet the medical criteria in DoDI 1300.28 and/or Volume 1 of DoDI 6130.03 may be considered for a medical waiver(s). Medical waiver requests are routed to the appropriate component's Air Force Medical Waiver Review Authority. (i.e. AD/SG, ANG/SG, AFRC/SG).

5. SECTION V: Miscellanea.

a. Medical Policy.

(1) For Service members who have been diagnosed with gender dysphoria, the DAF will handle requests for medical care and treatment in accordance with DoDI 1300.28, *Individual Medical Readiness (IMR)* and **Attachment 2** to this issuance.

(2) In accordance with DoDI 1300.28, and DoDI 1215.13, *Ready Reserve Member Participation Policy*, all members in the Active and Reserve Components have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chain of command any medical and health issue (including mental health) that may affect their readiness to deploy or fitness to continue serving.

(3) As a reminder, all Service members, regardless of status and as a condition of continued participation in military service, will report any health information to their chain of command which may limit their performance of official duties, per DoDI 1300.28, para 3.2,a.(2): Each Service member in the AC or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to their chain of command. Service members who have or have had a medical condition that may limit their performance of official duties must consult with a military medical provider (or a civilian medical provider validated by a military medical provider) concerning their diagnosis and proposed treatment, and must notify their commanders.

b. Equal Opportunity. The DAF provides equal opportunity to all Service members in an environment free from harassment and unlawful discrimination on the basis of race, color, national origin, religion, sex, gender identity, or sexual orientation.

c. Protection of Personally Identifiable Information (PII) and Protected Health Information (PHI). The DAF will:

(1) In accordance with DoDD 5400.11, *DoD Privacy Program*, in cases where there is a need to collect, use, maintain, or disseminate PII in accordance with this memorandum or DAF regulations, policies or guidance, DAF will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII.

(2) Maintain such PII and protect individual's rights, consistent with federal law, regulation, and policy.

(3) Disclosure of PHI will be consistent with DoD Manual 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs* and DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*.

d. Standards. The DAF recognizes a Service member's status as male or female by the member's gender marker in DEERS.

(1) The DAF applies all standards that involve consideration of the Service member's status as male or female solely based on the member's gender marker in DEERS such as:

(a) Uniforms and grooming.

(b) Body composition assessment.

(c) Physical readiness testing.

(d) Military Drug Demand Reduction Program (DDRP).

(2) As to facilities subject to regulation by the DAF, the Service member will use lodging, bathroom, and shower facilities associated with the member's gender marker in DEERS.

e. Assessment and Oversight of Compliance.

(1) Beginning in fiscal year 2022 and at least every 3 years thereafter, the Air Force Inspector General or another appropriate auditing agency designated by the Secretary of the Air Force (SecAF) will conduct a special inspection to ensure compliance with this issuance and related regulations, policies, and guidance. Such reports will be endorsed and provided by SecAF to the USD(P&R) within three

months of completion, in accordance with DoDI 1300.28. SecAF will review the report of inspection for purposes of assessing and overseeing compliance; identifying compliance deficiencies, if any; timely initiating corrective action, as appropriate; and deriving best practices and lessons learned.

ATTACHMENT 2

IN-SERVICE TRANSITION

This guidance provides unit personnel, supervisors, commanders, and Service members with a diagnosis of gender dysphoria and the medical community a construct by which Service members may transition gender while serving.

1. SECTION I: General considerations for In-Service Transition.

a. The DAF recognizes a Service member's gender by the member's gender marker in DEERS. Coincident with that gender marker, the DAF applies, and the member is responsible to meet, all standards for uniforms and grooming, fitness, Military DDRP participation, and other military standards applied with consideration of the member's gender. Service members will use lodging, bathroom and shower facilities that are subject to regulation by the military in accordance with their gender marker in DEERS unless provided an approved exception to policy (ETP).

b. Gender transition begins when a Service member receives a diagnosis from a military medical provider (or a civilian medical provider validated by a military medical provider) indicating that gender transition is medically necessary. The service member then completes the medical care identified or approved by a military mental health or medical provider in a documented treatment plan validated by the THMEU as necessary to achieve stability in the self-identified gender. Transition concludes when the Service member's gender marker is changed in DEERS and the Service member is recognized in the member's self-identified gender. Care and treatment may still be received after the gender marker is changed in DEERS, but at that point, the Service member must meet all applicable military standards in the self-identified gender.

c. Any determination that a transgender Service member or Service member with gender dysphoria is non-deployable at any time will be consistent with established DAF standards, as applied to other Service members whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

2. Section II: Medical Diagnosis and Treatment.

a. Any medical care and treatment provided to a transgender Service member or Service member with gender dysphoria will be provided in the same manner as other medical care and treatment. Nothing in this memorandum will be construed to authorize a commander to deny medically necessary treatment to a transgender Service member or Service member with gender dysphoria or authorize elective care not consistent with medical protocols and standards of practice.

b. When a Service member receives a diagnosis of gender dysphoria from a medical provider, indicating that gender transition is medically necessary for the Service member, it will be confirmed by the Transgender Health Medical Evaluation Unit (THMEU) at Joint Base San Antonio, Lackland. Once the diagnosis is confirmed, the member and military medical provider

(or a civilian medical provider validated by a military medical provider) must notify the unit commander of the diagnosis.

c. The THMEU will provide the service member with a medical treatment plan (MTP). Recommendations will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment. Medical advice to commanders will be provided in a manner consistent with processes used for other medical conditions that may limit a Service member's performance of official duties. The THMEU will liaise with base Physical Evaluation Board Liaison Officers (PEBLOs) or ARC/SG to make recommendations regarding profile status for any transitioning members, and update the member's profile in the Aeromedical Services Information Management System (ASIMS) as appropriate.

d. An MTP must be developed with input by the patient and the patient's military medical provider (or a civilian medical provider validated by a military medical provider), or by the patient and the THMEU. All MTPs will be validated by the THMEU prior to start of transition and whenever an update is required. Patients may participate in a medical TDY to the THMEU at Joint Base San Antonio-Lackland for MTP development and validation or updates as needed. When possible, patients should attend a medical TDY to THMEU at least once during the medical transition process, preferably at start of transition.

e. When a Service member receives a diagnosis of gender dysphoria from a military medical provider (or a civilian medical provider validated by a military medical provider) and obtains an MTP for gender transition from a military medical provider (or a civilian medical provider validated by a military medical provider), the Service member must notify their commander. The Service member's notification to the commander must identify all medically necessary care and treatment that is part of the Service member's MTP.

(1) If applicable, the Service member's notification to the commander must identify a projected schedule for such treatment and an estimated date for a change in the Service member's gender marker in DEERS.

(2) If additional care and treatment are required after a gender marker change that was not part of an original treatment plan, the Service member must provide notification to the commander identifying the additional care, treatment, and projected schedule for such treatment.

(3) Recommendations of a military medical provider (or a civilian medical provider validated by a military medical provider) will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment.

f. Medically necessary care may include real life experiences (RLE). Full-time RLE may be achieved when, as a component of the MTP, a Service member receives an approved ETP for dress and appearance and use of facilities. Full-time RLE is also achieved when a gender marker change is made.

g. Continued Medical Care. A military medical provider (or a civilian medical provider validated by a military medical provider) in coordination with the THMEU, may determine certain medical care and treatment to be medically necessary even after a Service member's gender marker is changed in DEERS (e.g., cross-sex hormone therapy and/or gender reaffirming surgery). A gender marker change does not preclude such care and treatment. Updates in the treatment plan will be followed by notification to the Service member's unit commander and include treatment timing. The commander in consultation with the Service member and military medical personnel may approve and/or negotiate impact to the unit mission to reconcile any concerns prior to approval.

h. The THMEU will serve as the POC and consultant to all Military Treatment Facilities (MTFs), RMUs, GMUs, and commanders with any questions relating to medical concerns which may arise as part of a member's gender transition. The THMEU may be contacted at usaf.jbsa.59-mdw.mbx.59-mdw-thmeu-mmdt@mail.mil.

3. SECTION III: Transition Approval Process.

- a. A service member seeking gender transition must follow the procedures in this section.
- b. After the THMEU provides or validates an MTP, the Service member may request that the commander or superior commander concur within 30 calendar days for Active DAF Service members and no later than 90 calendar days for Guard and Reserve:
 - (1) The timing of medical treatment associated with gender transition, to include gender-affirming hormones and/or surgeries
 - (2) Any ETP associated with gender transition, consistent with guidance in this memorandum; and/or
 - (3) A change to the Service member's gender marker in MilPDS to flow to DEERS.
- c. If the commander has concerns with mission impact, the commander will resolve the concerns with the Service member and treating provider within 30 calendar days for Regular DAF Service members and no later than 90 calendar days for Guard and Reserve.
- d. Consistent with applicable law, regulation, and policy, the commander will:
 - (1) Comply with the provisions of this issuance, and with DAF regulations, policies and guidance, and consult with the treating provider(s) and the SCCC.
 - (2) Promptly respond to any request for medical care, as identified by the medical provider, and ensure that such care is provided consistent with applicable regulations.

(3) Respond to the request for MTP approval within a framework that ensures readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the command, as informed by the recommendations of the military medical provider, the THMEU, the SCCC, and others as appropriate.

(4) Consider the All-Volunteer Force readiness model in evaluating a request for medical care or treatment or an ETP associated with gender transition during a Service member's first term of service. Any other facts and circumstances related to an individual Service member that impact that model will be considered by the commander as set forth in this issuance and DoDI 1300.28. If a Service member requests non-urgent medical treatment or an ETP associated with gender transition during the first term of service, including during periods of initial entry training in excess of 180 calendar days, the commander may give the factors set forth in this paragraph significant weight in considering and balancing the individual need associated with the request and the needs of the command, in determining when such treatment, or whether such ETP may commence.

(5) 30 Calendar days after receipt for Active Duty DAF members and no later than 90 calendar days for Guard and Reserve in writing; include notice of any actions taken by the commander in accordance with applicable regulations, policies and guidance, and the provisions of this issuance; and will be provided to both the Service member and their military medical provider" to "military medical provider (or a civilian medical provider validated by a military medical provider). A request that the commander determines to be incomplete will be returned to the service member, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 calendar days after receipt. However, commanders of part-time AFRC or ANG members must return incomplete requests to the Service member NLT 90 calendar days after receipt.

(6) At any time prior to the change of the Service member's gender marker in MilPDS to flow to DEERS, and after consultation with the Service member and the THMEU, the commander may request the treating provider(s) and THMEU modify a previously approved approach to, or an ETP associated with gender transition to address mission impact. A determination that modification is necessary and appropriate will be made in accordance with the procedures in this memorandum and upon review and consideration of all other factors prescribed in this memorandum. Any modification in the treatment plan must not negatively affect the Service member's health nor violate current medical practice standards. Notice of such modification will be provided to the Service member. A Service member may dispute any ETP modification or decision up to the next higher

authority, following the same routing process as for new ETP requests. Once an ETP is approved by a Service member's Wing Commander or equivalent superior authority, that approval will be honored following PCS to a new duty station, subject to modification by the gaining Wing/Installation Commander or equivalent in accordance with this paragraph.

(7) Approve, in writing, the request to change a service member's gender marker in MilPDS to flow to DEERS, subsequent to receiving a recommendation from the military medical provider (or upon the recommendation of a civilian provider validated by a military medical provider) and the THMEU indicating that the Service member's gender marker be changed and upon receipt of appropriate legal documentation supporting a gender change. Such documentation consists of either a certified true copy of a state birth certificate reflecting the member's preferred gender, a certified true copy of a court order reflecting the member's preferred gender, or a United States passport reflecting the member's preferred gender. Upon submission of the commander's written approval and required legal documentation to the appropriate personnel servicing activity, the change in the Service member's gender marker will be entered and updated in MilPDS and transmitted to and updated in DEERS, under the authority, direction, and control of the Defense Manpower Data Center (DMDC).

4. SECTION IV: Accommodations for Transitioning Service Member.

a. In cases where transitioning Service members may require accommodation in regard to military dress and appearance standards, fitness standards, or to use the designated facilities of their preferred gender, the Service member should submit requests through their unit commander. This may include requests for dress and appearance, fitness or facility exceptions to policy. Upon receiving any request, recommendation, or dispute on a Service member's ETP under this issuance, a commander or director must approve the member's request or forward the disapproval recommendation to the next higher authority within 30 calendar days for Regular DAF Active Duty and no later than 90 calendar days for Guard and Reserve.

b. Fitness.

(1) Service members must adhere to applicable Fitness standards of the gender reflected in DEERS as outlined in AFMAN 36-2905. However, Service members undergoing cross-sex hormone treatment as a component of an MTP, validated and approved by the THMEU, may request an exemption from taking the Fitness Assessment (FA) during their period of transition, prior to a gender marker change in MilPDS to flow to DEERS. Military medical providers may enter profiles for components of the fitness assessment as appropriate.

(3) For cases in which members have failed the fitness assessment due to treatment for gender dysphoria, a fitness exemption may be requested by the member in accordance with AFI 36-2905. The following are required for fitness assessment exemption consideration:

(a) A memorandum from the service member requesting the AF exemption, and

(b) A signed DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*, and

(c) An MTP signed by the THMEU that shows evidence of:

(i) A medical diagnosis of gender dysphoria from a military medical provider confirmed by the THMEU (or the diagnosis of a civilian provider validated by a military medical provider and the THMEU), and

(ii) Confirmation of ongoing cross-sex hormone treatment as part of a gender transition plan, and

(iii) An estimated gender marker change date that has not yet expired.

(d) Unit commander, or equivalent, certification that the service member made a full and clear effort to meet the FA standards of their current gender.

(4) DAF/A1 is the approval authority for exemption requests as outlined in AFI 36-2905. For service members who are transitioning and have an approved MTP, authority to approve fitness exemptions is delegated to the wing commander or equivalent.

(a) The service member's immediate commander, or equivalent, will recommend approval or disapproval and forward the request through their chain of command to the wing commander for approval. Any disapproval will follow the process below:

(i) DAF/A1 retains the disapproval authority for such fitness exemptions. Any commander recommending disapproval, after Staff Judge Advocate review, will forward the request to the appropriate MAJCOM, FLDCOM, FOA or DRU A1. The MAJCOM, FLDCOM, FOA, DRU A1 recommends approval or disapproval and forwards the request, to the commander or director

for approval or to recommend disapproval. Any MAJCOM, FLDCOM, FOA, DRU commander or director recommending disapproval, after Staff Judge Advocate review, forwards the request to the SCCC to route for DAF/A1 decision

(5) If the fitness exemption is approved, the unit commander, or equivalent, will sign a memo authorizing the exemption. Unit Fitness Program Managers (UFPM) will document the exemption in AFFMS II using the commander's composite exemption. Initial FA exemptions will be for a period of 6 months. To receive a new exemption, the Service member will provide the previously approved FA exemption memo and updated medical documentation showing proof of continued cross-sex hormone treatment to their current unit commander, who may approve or deny any additional 6-month period exemptions.

(a) Upon approval of a fitness exemption, the Installation Commander, or delegate for fitness appeals under AFMAN 36-2905, may approve the removal of failing fitness assessment scores due to gender transition.

(b) Wing Commanders or DAF, MAJCOM, FLDCOM, NAF, FOA and DRU Directors or USSF equivalents receiving a request for fitness exemption will provide a completed, approved request package to the SCCC at usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil.

(6) A service member who receives a fitness exemption will be expected to maintain a healthy lifestyle, participate in unit physical fitness, and work with their unit commander to ensure they are maintaining an active fitness regimen. Members are ultimately responsible for maintaining a healthy lifestyle which incorporates fitness. Unit commanders may use current United States Air Force Fitness Improvement Program options, such as BE WELL online, a Healthy Weight program, or Military OneSource Health Coaching to assist in formally monitoring members' fitness levels. Service members diagnosed with gender dysphoria should provide their unit commander a Fitness Maintenance Plan to ensure they have a verifiable plan to remain physically fit during their gender transition.

(7) The fitness assessment exemption will apply at current and future duty locations but will need to be re-evaluated by the unit commander when the exemption expires.

c. Dress and Appearance

(1) Service members must adhere to applicable dress and appearance standards of the gender reflected in DEERS as outlined in AFI 36-2903. However, altered physical characteristics during gender transition may make dress and appearance standard changes appropriate prior to gender marker changes in MilPDS to flow to DEERS.

Therefore, Service members may submit an ETP request for RLE to their commander to adhere to their preferred gender identity dress and appearance standards prior to their official gender marker change in MilPDS, and in turn, DEERS.

(2) The ETP request package will require the following supporting justification:

(a) A memorandum from the service member requesting to adhere to the preferred gender's dress and appearance standards, and

(b) A signed DD Form 2870, and

(c) An MTP signed by the THMEU that shows:

(i) Evidence of a medical diagnosis of gender dysphoria from a military medical provider confirmed by the THMEU (or the diagnosis of a civilian provider validated by a military medical provider and the THMEU), and

(ii) Confirmation that the ETP request is a component of the service member's gender transition plan, and

(iii) An estimated gender marker change date that has not yet expired, and

(iv) Unit commander, or equivalent, assessment of dress and appearance that includes information about the service member's professional military image in current and preferred gender's dress and appearance standards, fit and/or function of the uniforms, and potential impact on unit cohesion, good order and discipline (if any).

(3) DAF/A1 is the approval authority for ETP requests for dress and appearance as outlined in AFI 36-2903, paragraph 12.5. For service members who are transitioning and have an approved MTP, authority to approve dress and appearance ETPs is delegated to the wing commander or equivalent.

(4) The Service member's immediate commander or equivalent will recommend approval or disapproval and forward the request through their chain of command to the wing commander for approval. Any disapproval will follow the process below:

(a) DAF/A1 retains the disapproval authority for such ETPs. Any commander recommending disapproval, after Staff Judge Advocate review, will forward the request to the appropriate MAJCOM, FLDCOM, FOA or DRU A1. The MAJCOM, FLDCOM, FOA, DRU A1 recommends approval or disapproval and forwards the request, to the commander or director for approval or to recommend disapproval. After

Staff Judge Advocate review, the MAJCOM/FLDCOM/CC recommending disapproval forwards the request to the SCCC to route for DAF/A1 decision.

(5) Wing Commanders or HAF, MAJCOM, FLDCOM, NAF, FOA and DRU Directors or USSF equivalents receiving a request for a dress and appearance ETP will provide a completed, approved request package to SCCC at usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil.

(6) If approved, the ETP will apply to both the wear of the preferred gender's dress and appearance standards at current and subsequent duty stations, unless modified by the service member's commander. Service members approved for an ETP prior to gender marker change must ensure they carry a copy of their approved ETP on their person until gender marker is changed in MilPDS. Once the ETP is approved, the member will provide the ETP to the member's medical provider.

(7) This guidance applies to Air Reserve Technicians (ARTs) who are required to wear the military uniform while performing civilian duties as an ART in accordance with AFI 36-128, *Pay Setting and Allowances*. ARTs must adhere to applicable dress and appearance standards in accordance with AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, of the gender reflected in their military personnel record until the ETP request has been approved.

(8) Service members attached to a unit belonging to another Military Department or a joint or combined environment, will coordinate with their Service Senior Representative (SSR) regarding the dress and appearance requirements applicable to personnel attached to that unit.

d. Facilities

(1) A service member undergoing gender transition may request an ETP to use facilities subject to regulation by the military in accordance with their preferred gender prior to a gender marker change in DEERS. The ETP request from the member will require evidence that a military medical provider in coordination with the THMEU (or a civilian medical provider validated by a military medical provider in coordination with the THMEU) has confirmed a diagnosis of gender dysphoria; use of facilities and an ETP for dress and appearance standards are components of the MTP; and after verification the member has received an approved ETP.

(2) For members who are transitioning and have an approved MTP, authority to approve ETP requests for use of facilities has been delegated by AF/A4 to the installation commander (or relevant approval authority) for approval or disapproval.

- (3) Service members may request an ETP for the following facilities:
- (a) Domicile - AFI 32-6000, discusses quarters assignment. Currently, members are assigned to quarters based on the gender reflected in the DEERS, consistent with policy in DoDI 1300.28. Any exceptions should be made consistent with paragraphs (1) and (2) of this section. Until an ETP is approved or gender is updated in DEERS, the member will use the facilities associated with their gender marker in DEERS.
 - (b) Bathroom and showers (public) - A service member undergoing gender transition may request a facilities ETP to use facilities subject to regulation by the military in accordance with their preferred gender prior to a gender marker change in DEERS.
- (4) Once the ETP is approved, the member will provide the ETP to the member's medical provider. The member's medical provider will review the document and may include this in the treatment plan to utilize the facilities of the preferred gender. The medical provider will also send a copy of the approved ETP to the THMEU.
- (5) A service member with a locally approved ETP request for use of facilities must also have an approved ETP for dress and appearance prior to using the facilities of their preferred gender.
- (6) Any Air Force installation commander recommending disapproval, after Staff Judge Advocate review, will forward the request to the appropriate MAJCOM, FLDCOM, FOA or DRU A4. The MAJCOM, FLDCOM, FOA, DRU A4 recommends approval or disapproval and forwards the request, to the commander or director for approval or to recommend disapproval. Any MAJCOM, FLDCOM, FOA, DRU commander or director recommending disapproval, after Staff Judge Advocate review, forwards the request to the SCCC to route for AF/A4 decision.
- (7) A Service member whose facilities-use ETP request was disapproved by a non-Air Force/Space Force installation commander (or relevant approval authority) shall follow the policies and procedures related to the facilities of the Service or agency, which is the lead for the installation.
- (8) In executing any accommodation, the unit commander will take into account the physical construction of the facilities as well as the privacy of other members using the facilities in question. The unit commander should consider and balance the needs of the individual and the needs of the command. The installation should explore no-cost facility options. No-cost options may include, but are not limited to, allowing the member to use any family style restroom/shower area, providing additional time for the member to use the privacy of their domicile, or mandating wear of minimal articles of clothing for all.

(9) If a service member has an approved facilities ETP, they should work with their command chain on coordinating appropriate facility usage at any temporary duty, deployed, or permanent change of station (PCS) locations prior to departure. This includes billeting that may require shared living quarters or restrooms. Although many installations have accommodations in place, facilities ETPs, especially in a joint environment, may not have reciprocity.

e. Deployment and Outside Continental United States (OCONUS) Assignments

(1) Transgender service members or service members with gender dysphoria selected for deployment, or short-tour overseas assignments, will not be prevented from deploying or reassigned if they are medically qualified and such deployment or reassignment is compatible with the host nation law for the gaining installation. Coordinate any approved exceptions to policy regarding accommodation during transition with the deployed commander to ensure knowledge of transition and any potential accommodations required for the deployed environment. Coordinate any approved exceptions to policy with gaining commander prior to PCS or short-tour assignment. For OCONUS assignments, coordinate with respective Geographic Combatant Command's International Law Division to ensure that the assignment will be compatible with host- nation laws issues, agreements, and/or responsibilities.

f. Considerations for ARC Members

(1) Air Force Reserve Command (AFRC) and Air National Guard (ANG) members on orders for Title 10 Active Duty Operational Support for one year or more or on AGR Title 10 tours will follow the same policies and procedures as Regular DAF Service members. All other AFRC and ANG members will follow the procedures in this section in addition to the provisions in 1.1 through 1.3 above.

(2) Air Force Reserve Command (AFRC) and Air National Guard (ANG) members (AGRs, ARTs, TRs, traditional Guardsmen, and IMAs) must provide their supporting medical unit (Reserve Medical Unit (RMU), Guard Medical Unit (GMU) or Active Duty Medical Treatment Facility) all civilian medical and mental health documentation for review. The RMU, GMU, or Active Duty Medical Treatment Facility will forward all cases to ARC/SG for review. ARC/SG will forward all cases to the THMEU to validate civilian diagnosis, treatment plan, and to determine the estimated date transition is complete. ARC medical providers do not validate diagnoses or provide treatment plans.

(3) To the greatest extent possible, commanders and service members will address periods of non-availability for any period of military duty, paid or unpaid, during the member's gender transition with a view of mitigating unsatisfactory

participation in accordance with AFMAN 36-2136, DoDI 1215.13 and DoDI 1300.28. In accordance with DoDI 1215.13, such mitigation strategies may include:

- (a) Rescheduled training;
- (b) Authorized absences; or
- (c) Alternate training.

5. SECTION V: Completion of Transition and Post-Transition:

a. In consultation with the service member, military medical provider” to “military medical provider (or a civilian medical provider validated by a military medical provider), in coordination with the THMEU will formally advise the commander when the service member’s gender transition is complete, and recommend to the commander a time at which the member’s gender marker may be changed in MilPDS to flow to DEERS.

b. THMEU will validate all requests for GMC and make recommendations based on *Diagnostic and Statistical Manual of Mental Disorders, 5TH Edition (DSM-V)* gender dysphoria post-transition criteria to ensure stability in the affirmed gender or completion of the member’s MTP. THMEU will provide written documentation to member’s commander recommending gender marker change when appropriate

c. When a Service member has completed transition, they must bring official documentation to their Military Personnel Flight (MPF) to update their gender in MilPDS to flow to DEERS. Official documentation includes authorization from the member’s unit commander and a military medical provider’s recommendation, validated by the THMEU, to change the member’s gender marker. In addition, the member must provide appropriate legal documentation supporting gender change to the MPF. Legal documentation must be either a certified true copy of a state birth certificate reflecting the transgender member’s preferred gender, a certified true copy of a court order reflecting the Service member’s preferred gender, or a United States passport reflecting the Service member’s preferred gender.

d. An electronic copy of the legal document and a completed AF Form 281, *Notification of Change in Service Member’s Official Records*, will be submitted into the member’s ARMS record. There will be no direct update in DEERS; the gender marker in MilPDS is what will update DEERS. A new Common Access Card (CAC) will be issued to reflect the updated gender data. ANG Dual Status Technician/ARTs are required to update their gender marker in MilPDS and Defense Civilian Personnel Data System (DCPDS), as there is no integration between the systems (with the exception of data reporting to DEERS from MilPDS and DCPDS).

e. Post-transition, coincident with the gender marker change, except as noted below, the Air Force and Space Force will apply, and the transgender Service member is responsible to meet, all standards for uniforms and grooming, fitness, DDRP participation, and other military standards

applied with consideration of their gender marker in DEERS. Transgender service members will use military lodging, bathrooms and shower facilities associated with their gender marker in DEERS.

f. Any determination that a transgender service member is non-deployable at any time will be consistent with established DAF standards, as applied to other service members whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

g. A military medical provider (or a civilian medical provider validated by a military medical provider) may determine certain treatment to be medically necessary, even after a Service member's gender marker is changed in MilPDS to flow to DEERS (e.g. cross-sex hormone therapy or surgical and cosmetic procedures). Surgical interventions after gender marker change will be addressed through an updated MTP, requiring endorsement by the member's commander.

h. Members who have completed a gender transition and subsequently require a return to previous gender marker will be evaluated by the THMEU and follow procedures for gender transition consistent with this attachment and DODI 1300.28, paragraph 3.4.

ATTACHMENT 3

REFERENCES

PART I. GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

DoDI 1300.28, *In-service transition for transgender service members*, 30 April 2021
DoD Manual 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*, 13 March 2019
DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*, 29 January 2019
DoDI 1332.14, *Enlisted Administrative Separations*, 27 January 2014
DoDI 1332.45, *Retention Determinations for Non-Deployable Service Members*, 30 July 2018
DoDI 1322.22, *Service Academies*, 24 September 2015
DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, 19 January 2017
DoDI 1215.13, *Ready Reserve Member Participation Policy*, 5 May 2015
DoDI 6025.19, *Individual Medical Readiness (IMR)*, 9 June 2014
DoDI 6130.03, Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*, 6 May 2018
DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*
DAFI 33-360, *Publications and Forms Management*, 1 December 2015
AFI 36-128, *Pay Setting and Allowances*, 17 May 2019
AFI 32-6000, *Housing Management*, 18 March 2020
AFI 36-2710, *Equal Opportunity Program*, 18 June 2020
AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 7 February 2020
AFMAN 36-2905, *Fitness Program*, 11 December 2020
AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, 9 June 2004
AFI 36-3208, *Administrative Separation of Airmen*, 9 July 2004
AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 April 2005
AF Form 281, *Notification of Change in Service Member's Official Records*
AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020
AFI 36-3212, *Physical Evaluation for Retention Retirement and Separation*, 15 July 2019
AFI 36-3501, *United States Air Force Academy Operations*, 28 December 2018
DAFMAN 48-123, *Medical Examinations and Standards*, 8 December 2020
Health Affairs Memo, *Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members*, 29 July 16
DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*
DSM-V, *Diagnostic and Statistical Manual of Mental Disorders, 5TH Edition*

PART II. ABBREVIATIONS AND ACRONYMS

AFFMS II—Air Force Fitness Management System II
AFI—Air Force Instruction
AFMAN-Air Force Manual
AFRC—Air Force Reserve Command
AFROTC-Air Force Reserve Officer Training Corp
AGR—Active Guard Reserve
ANG—Air National Guard

ARC/SG—Air Reserve Component/Surgeon General
ART—Air Reserve Technician
CAC—Common Access Card
DAF—Department of the Air Force
DAFMAN—Department of the Air Force Manual
DCPDS— Defense Civilian Personnel Data System
DDRP—Drug Demand Reduction Program
DEERS—Defense Enrollment Eligibility Reporting System
DoDI—Department of Defense Instruction
DMDC—Defense Manpower Data Center
ETP—Exception to Policy
FA—Fitness Assessment
FLDCOM—Field Command
GMC—Gender Marker Change
GMU—Guard Medical Unit
MAJCOM—Major Command
MilPDS—Military Personnel Data System
MPF—Military Personnel Flight
MTF—Military Treatment Facility
NAF—Numbered Air Force
OCONUS—Outside the Continental United States
PII—Personally Identifiable Information
RLE—Real Life Experience
RMU—Reserve Medical Unit
SCCC—Service Central Coordination Cell
THMEU—Transgender Health Medical Evaluation Unit
UFPM—Unit Fitness Program Manager
USAFA—United States Air Force Academy
USD P&R – Under Secretary of Defense Personnel & Readiness

PART III. TERMS

These terms and their definitions are for purpose of this memorandum.

Biological Sex—A person’s biological status as male or female based on chromosomes, gonads, hormones, and genitals.

Cross-Sex Hormone Therapy—The use of feminizing hormones in an individual with a biological sex of male or the use of masculinizing hormones in an individual with a biological sex of female.

Gender Dysphoria— A marked incongruence between one’s experienced or expressed gender and assigned gender of at least 6 months’ duration, as manifested by conditions specified in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5), page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Identity— An individual’s internal or personal sense of gender, which may or may not match the individual’s biological sex.

Gender Marker— Data element in DEERS that identifies a Service member’s gender.

Gender Transition— Gender transition in the military begins when a Service member process receives a diagnosis from a military medical provider (or a civilian medical provider validated by a military medical provider indicating the Service member’s gender transition is medically necessary,

and concludes when the Service member's gender marker in DEERS is changed and the Service member is recognized in the self-identified gender. This process may involve:

Social transition, also known as “real life experience,” that allows the service member to live and work in their preferred gender with or without any cross-sex hormone treatment. This may also include a legal change of gender, including changing gender on a passport, birth certificate, or through a court order; or

Medical transition to align secondary sex characteristics with a service member's preferred gender using any combinations of cross-sex hormone therapy, surgical/cosmetic procedures; or

Surgical transition, also known as sex reassignment surgery, gender affirming surgery, or gender confirmation surgery; to make the physical body, both primary and secondary sex characteristics, resemble as closely as possible the service member's preferred gender.

Medically Necessary—Those health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

Personally Identifiable Information (PII)—Information used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, biometric records, home phone numbers, other demographic, personnel, medical, and financial information. PII includes any information that is linked or linkable to a specified individual, alone, or when combined with other personal or identifying information.

Self-identified gender (Preferred Gender)—The gender with which an individual identifies.

Real Life Experience (RLE)—The phase in gender transition process when the individual begins living in accordance with their gender identity. RLE may or may not be preceded by the start of cross-sex hormone therapy, depending on the individualized MTP for in-service gender transition. Full time continuous RLE, on a daily basis and across all settings of life, is required before any gender transition surgery that affects fertility. If a service member's MTP identifies gender-affirming surgeries, then an ETP or GMC is a required to track the duration of full-time continuous RLE. RLE generally encompasses dressing in the preferred gender, as well as using bathrooms, locker rooms, dormitory areas and showers of the preferred gender.

Service Central Coordination Cell (SCCC)—Representatives including, but not limited to: SAF/MR, AF/SG, AF/A1, SF/S1, AF/A3, AF/A4, AFRC, ANG, AF/JA, SAF/GC, and THMEU as subject matter experts who serve as a primary resource for commanders and provide guidance for all inquiries related to service of exempt and non-exempt members with a diagnosis of gender dysphoria.

Short Term Tour/Short-Tour—A tour that does not authorize an accompanied tour; or both the accompanied tour is 24 months and the unaccompanied tour is less than 18 months.

Stable or Stability—Service member with a diagnosis of gender dysphoria undergoing in-service gender transition are considered clinically stable when, as determined by a military medical provider, significant medical or mental health conditions, if present, are well controlled.

Transgender Health Medical Evaluation Unit (THMEU)—Is a centrally located medical unit which is available to service members, MTF providers, and commanders working with transgender service members. Its functions include assuring service members are receiving appropriate treatment in accord with accepted medical practice; service members are evaluated for readiness issues and appropriately profiled; validating all MTPs, surgical requests, and gender marker change requests; and assisting service members, MTF providers, and commanders in DoD and DAF policy and procedures.

Transgender—Individuals who identify with a gender that differs from their biological sex.

ATTACHMENT 4

SAMPLE: Exception to Policy (ETP) Request Memorandum for routing to Squadron Commander, Group Commander, Wing Commander and/or Installation Commander

(Date)

MEMORANDUM FOR [Grade/Name of Immediate Commander]

FROM: [Grade, Name of Requester]

SUBJECT: Exception to Policy (ETP) to [military dress and appearance standards, use of designated facilities, and/or fitness standards]

I am a transgender [female/male] Service member in the process of gender transition. Pending my gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS), I request an ETP to allow me to adhere to the requirements of the [insert preferred gender] gender with regard to

- Dress and appearance (AFI 36-2903, *Dress and Personal Appearance*),
- Use of lodging, bathroom, and shower facilities that are subject to regulation by the military, Add (AFI 32-6000, *Housing Management*)
- My current gender Fitness Assessment standards while undergoing cross-sex hormone therapy pending a gender marker change in DEERS (AFMAN 36-2905, *Air Force Physical Fitness Program*).

I have enclosed:

Medical diagnosis and treatment summary from a military medical provider (or a diagnosis made by a civilian provider and validated by a military medical provider) in consultation with the Transgender Health Medical Evaluation Unit that states gender transition is medically necessary.

DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*, with Section II, number 6 filled out to state that my patient information will be released to my Unit Commander (Name, Rank, Duty Title, Unit Name) and servicing Military Personnel Flight (MPF).

Documentation confirming the ETP request is a component of the member's gender transition plan. [Note this applies only if the ETP request is for dress and appearance and/or use of lodging, bathroom, and shower facilities that are subject to regulation by the military].

The point of contact for this memorandum is the undersigned at (insert telephone number and email address).

SERVICE MEMBER SIGNATURE BLOCK