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MEMORANDUM FOR DISTRIBUTION C  
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SUBJECT: Air Force Policy Memorandum *Military Service by Transgender Persons and Person's with Gender Dysphoria*

This Air Force Policy Memorandum immediately establishes specific Air Force policy and provides guidance associated with the accession and in-service transition of exempt Airmen identifying as transgender with a diagnosis of gender dysphoria. Compliance with this memorandum is mandatory. To the extent the memorandum's directions are inconsistent with other Air Force publications, the information herein prevails, in accordance with AFI 33-360, *Publications and Forms Management*.

The policy guidance outlined in this memorandum is effective immediately and will be incorporated into AFI 36-2905, *Fitness Program*; 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 48-123, *Medical examinations and Standards*, and AFI 32-6005, *Unaccompanied Housing Management*.

There are no release restrictions on this publication. It applies to the Regular Air Force, Air Force Reserve, and Air National Guard. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and are disposed of in accordance with Air Force Records Disposition Schedule (RDS) in the Air Force Information Management System (AFRIMS). 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

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Acting Secretary of the Air Force

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Attachments:

1. Policy Guidance for Transgender Airmen and Airmen with Gender Dysphoria

**Attachment 1**  
**Policy Guidance for Transgender Airmen and Airmen with Gender Dysphoria**

**1. SECTION I: Applicability**

a. This memorandum provides policy and guidance for all personnel serving in the Reserve, Guard, and Active components in the United States Air Force. This guidance implements the policy in the Secretary of Defense Memorandum and the Office of Deputy Secretary of Defense DTM 19-004, *Military Service by Transgender Persons and Persons with Gender Dysphoria*, effective April 12, 2019. This guidance also assigns responsibilities, and prescribes procedures regarding the standards for accession, retention, separation, in-service transition, and medical coverage for Air Force members and applicants with gender dysphoria, as applicable.

b. This memorandum is effective 12 May 2019.

**2. SECTION II: Policy**

It is Air Force policy that:

a. Service in the Air Force should be open to all persons who can meet the high standards for military service and readiness without special accommodations.

b. All Service members and applicants for accession must be treated with dignity and respect. No person, solely on the basis of their gender identity, will be denied accession into the Air Force, involuntarily separated or discharged from the Air Force, denied reenlistment or continuation of service in the Air Force, or subjected to adverse action or treatment. In today's Air 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. Airmen 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 Airmen 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; berthing, bathroom and shower facilities; and uniform and grooming standards), all persons will be subject to the standard, requirement, or policy associated with their biological sex. Transgender persons may seek waivers or exceptions to these or any other standards, requirements, or policies on the same terms as any other person.

d. In accordance with Section 3 (Exempt Airmen) of this policy and DTM 19-004, Attachment 3, Section I, Service members who accessed in their preferred gender or received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider before the effective date of the DTM 19-004 (12 April 2019) will be allowed to continue serving in the Air Force under the policies and procedures in effect prior to the effective

date of the DTM 19-004.

e. In accordance with Section 4 (Non-Exempt Airmen) of this policy and DTM 19-004, Attachment 3, Section II, persons who are diagnosed with gender dysphoria on or after 12 April 2019, and medically require a gender transition, are generally disqualified from retention in the Air Force.

f. Accession and retention standards for gender dysphoria and the treatment of gender dysphoria will be aligned with analogous conditions and treatments, including stability periods and surgical procedures.

### **3. SECTION III: Exempt Airmen**

a. Individuals are considered exempt Airmen if they, before the effective date of DTM 19-004 (12 April 2019):

(1) Entered into a contract for enlistment into the Military Services using DD Form 4, "Enlistment/Reenlistment Document Armed Forces of the United States," or an equivalent (commonly referred to as being a member of the Delayed Entry Program); or, were selected for entrance into an officer commissioning program through a selection board or similar process; **AND**,

(2) Either:

(a) Were medically qualified for Military Service or selected for entrance into an officer commissioning program in their preferred gender in accordance with DTM16-005; or

(b) As a Service member, received a diagnosis of gender dysphoria from, or had such diagnosis confirmed, by a military medical provider and the Medical Multidisciplinary Team (MMDT)

b. Airmen who are exempt will be accessed or commissioned based on Attachment 2 of this policy and the following medical standards, provided they are medically qualified in all other respects in accordance with DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Service*:

(1) A history of gender dysphoria is disqualifying, unless as certified by a licensed mental health provider, the applicant has been stable without clinically significant distress or impairment in social, occupational, or other important areas of functioning for 18 months.

(2) A history of medical treatment associated with gender transition is disqualifying, unless, as certified by a licensed medical provider:

(a) The applicant has completed all medical treatment associated with the

applicant's gender transition; and

(b) The applicant has been stable in the preferred gender for 18 months; and

(c) If the applicant is presently receiving cross-sex hormone therapy post-gender transition, the individual has been stable on such hormones for 18 months.

(3) A history of sex reassignment or genital reconstruction surgery is disqualifying, unless, as certified by a licensed medical provider:

(a) A period of 18 months has elapsed since the date of the most recent of any such surgery; and

(b) No functional limitations or complications persist and any additional surgery is not required.

c. Individuals who are exempt fall under the policy guidance in Attachment 2 of this policy and may continue to receive all medical treatment authorized in DoDI 1300.28, *Military Service by Transgender Persons and Persons with Gender* to protect the health of the individual. Furthermore, they may pursue or continue an in-service gender transition, obtain a gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with DoDI 1300.28, and serve in their preferred gender.

d. Separation and Retention. Airmen who are exempt:

(1) May not be separated, discharged, or denied reenlistment or continuation of service solely on the basis of gender identity.

(2) May be retained without a waiver pursuant to DTM 19-004. An Airman 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) 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 Airman's ability to complete such training.

(4) Are subject to separation from the Reserve Officers' Training Corps (ROTC) in accordance with DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, or from the United States Air Force Academy (USAFA) IAW 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 Air Force, under the same terms and conditions applicable to participants in comparable circumstances not related to gender identity or gender transition. As with all cadets who experience a medical condition while

in the ROTC 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.

#### **4. SECTION IV: Non-Exempt Airmen**

a. Individuals are non-exempt if they do not meet the criteria in paragraph 3.a.1 through 3.a.3 of this attachment and DTM 19-004, Attachment 3, paragraph 1.a.

b. Individuals who are non-exempt will be accessed or commissioned based on the following medical standards, provided they are medically qualified in all other respects in accordance with DoDI 6130.03:

(1) A history or diagnosis of gender dysphoria is disqualifying unless:

(a) As certified by a licensed medical provider, the applicant demonstrates 36 consecutive months of stability in the applicant's biological sex immediately preceding submission of the application without clinically significant distress or impairment in social, occupational, or other important areas of functioning; and

(b) The applicant demonstrates that they have not transitioned to their preferred gender and a licensed medical provider has determined that gender transition is not medically necessary to protect the health of the individual; and

(c) The applicant is willing and able to adhere to all applicable standards, including the standards associated with the applicant's biological sex.

(2) A history of cross-sex hormone therapy or a history of sex reassignment or genital reconstruction surgery is disqualifying.

c. Individuals who are non-exempt must adhere, like all other Service members, to the standards associated with their biological sex. These non-exempt Airmen may consult with a military medical provider, receive a diagnosis of gender dysphoria, and receive mental health counseling, but may not obtain a gender marker change in DEERS or serve in their preferred gender. Non-exempt Airmen who are medically unstable in their biological sex or require more than mental health counseling shall be referred to the MMDT for review and evaluation.

d. Airmen who are non-exempt may be retained without a waiver if they receive a diagnosis of gender dysphoria on or after the effective date of DTM 19-004, provided that:

(1) A military medical provider has determined that gender transition is not medically necessary to protect the health of the individual; and

(2) The Service member is willing and able to adhere to all applicable standards, including the standards associated with their biological sex.

e. Separation. Airmen who are non-exempt:

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

(2) May not be separated solely based on a diagnosis of gender dysphoria without first being medically evaluated by the MMDT or the Air Force Medical Standards Branch for possible referral into the Disability Evaluation System (DES) pursuant to DoDI 1332.18 and AFI 36-3212, *Physical Evaluation for Retention Retirement and Separation*.

(3) If referral into the DES is not appropriate in accordance with DoDI 1332.18 and AFI 36-3212, the Airman may be subject to processing for administrative separation in accordance with Attachment 4 of DTM 19-004 and the following guidance:

(a) The Secretary of the Air Force may authorize separation based on conditions and circumstances not constituting a physical disability that interfere with assignment to or performance of duty.

1. Airmen are ineligible for referral to the DES when they have a condition not constituting a physical disability as defined in DoDI 1332.18.

2. Airmen will be referred to the DES if they have a diagnosis of gender dysphoria that is confirmed by the MMDT and of co-morbidities that are appropriate for disability evaluation processing in accordance with DoDI 1332.18, before processing for administrative separation.

(b) Airmen with a diagnosis of gender dysphoria confirmed by the MMDT may be subject to the initiation of administrative separation processing in accordance with DTM 19-004, Attachment 3, paragraph 2.e if they are unable or unwilling to adhere to all applicable standards, including the standards associated with their biological sex.

1. Separation processing will not be initiated until the Service member has been formally counseled on their failure to adhere to such standards and has been given an opportunity to correct those deficiencies, or has been formally counseled that their indication that they are unable or unwilling to adhere to such standards may lead to processing for administrative separation and have been given an opportunity to correct those deficiencies.

2. Separation processing will not be initiated until the Service member has been counseled in writing that the condition does not qualify as a disability.

(c) Nothing in this guidance precludes appropriate disciplinary action for

Service members who refuse orders from lawful authority to comply with applicable standards.

## **5. SECTION V: Miscellaneous**

### a. Waivers.

#### (1) Accession Waivers:

(a) Medical Waivers. Any applicant who does not meet the medical criteria in DTM 19-004 and DoDI 6130.03 may be considered for a medical waiver(s). Consistent with other medical accession standards, medical waiver requests should continue to be routed to the appropriate Air Force Medical Waiver Review Authority.

(b) Exemption Waivers. Any applicant who desires to serve in their preferred gender and is not otherwise exempt under DTM 19-004 may be considered for a waiver designating the applicant a member of the exempt population. If an exemption waiver is granted, the applicant will be considered from that point forward to be exempt from DTM 19-004 and will be accessed under the standards of DTM16-005.

1. Applicants' requesting an exemption waiver to serve in their preferred gender must submit their request to their accession source commander. The request will be routed through the accession source's chain of command to the Service Coordination Cell (SCCC).
2. Additionally, if an exemption waiver is granted and the applicant successfully accesses, the Service member will be subject to the standards associated with their preferred gender (e.g., medical fitness for duty, physical fitness and body fat standards, berthing, bathroom, and shower facilities; and uniform and grooming standards.)

(2) Currently serving Airmen requesting a waiver to this policy to serve in their preferred gender, must submit their request to their immediate commander. The request will be routed through the member's Air Force chain of command to the MAJCOM/A1 (or equivalent) to the Service Central Coordination Cell (SCCC).

(3) The Secretary of the Air Force is the waiver authority permitting an applicant, or Service member who is non-exempt, to serve in their preferred gender. Additional exception to policy guidance for exempt Airmen currently serving is identified in Attachment 2, section 1.4. If a waiver is granted permitting the applicant or Airman to serve in their preferred gender, such an individual will be considered from that point

forward to be an exempt Airman.

(4) The provisions concerning who may qualify as exempt under DTM 19-004, Attachment 3, paragraph 1.a may not be waived; a person who is exempt under DTM 19-004 Attachment 3, paragraph 1.a may not have their exempt status revoked.

(5) Questions regarding this policy may be addressed to the SCCC at **usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil**.

b. Medical Policy.

(1) For Airmen who have been diagnosed with gender dysphoria and are exempt, the Air Force will handle requests for medical care and treatment in accordance with DoDI 1300.28 and the July 29, 2016 Health Affairs Memorandum.

(2) For Airmen who have been diagnosed with gender dysphoria and are non-exempt, the Air Force:

(a) Will provide necessary care consistent with Section 1074 of Title 10, United States Code and the March 12, 2019 Assistant Secretary of Defense for Health Affairs Memorandum for as long as the individual remains a Service member as provided in a medical treatment plan developed with the military medical provider and provided to the commander.

(b) Will take appropriate action to facilitate the continuity of health care consistent with DoDI 6490.10 if the Service member is to be separated from military service.

(3) In accordance with DoDI 6025.19, *Individual Medical Readiness (IMR)*, and DoDI 1215.13, *Ready Reserve Member Participation Policy*, all Airmen 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 in an active status.

(4) All Airmen, regardless of status and as a condition of continued participation in military service, will report significant health information to their chain of command. Airmen who have or have had a medical condition that may limit their performance of official duties must consult with a military medical provider concerning their diagnosis and proposed treatment, and must notify their commanders.

c. Equal Opportunity. The Air Force provides equal opportunity to all Airmen in an environment free from harassment and discrimination on the basis of race, color, national origin, religion, sex, gender identity, or sexual orientation.

d. Protection of Personally Identifiable Information (PII) and Protected Health



Information.

(1) The Air Force will:

(a) In accordance with DoDI 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 Air Force regulations, policies, or guidance protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII.

(b) Maintain such PII so as to protect individual's rights, consistent with federal law, regulation, and policy.

(2) Disclosure of protected health information will be consistent with DoD 6025.18-R, *DoD Health Information Privacy Regulation*.

e. Standards. The Air Force recognizes an Airman's status as male or female by the member's gender marker in DEERS.

(1) The Air Force applies all standards that involve consideration of the Airman's status as male or female on the basis of 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 Air Force, the Airmen will use those berthing, bathroom, and shower facilities associated with the member's gender marker in DEERS.

f. Resources. Training materials will be provided to Airmen and commanders. The following are also available to commanders to minimize impacts to the mission and unit readiness.

(1) DTM 19-004, *Military Service by Transgender Persons and Persons with Gender Dysphoria*

(2) DoDI 1300.28, *In-Service Transition for Transgender Service Members*

(3) DoD Handbook, *Transgender Service in the US Military*

## **ATTACHMENT 2**

### **IN-SERVICE TRANSITION FOR EXEMPT AIRMEN**

This guidance provides unit personnel, supervisors, commanders, Airmen with a diagnosis of gender dysphoria and the medical community a construct by which exempt Airmen may transition gender while serving. A currently serving Airman is considered exempt if they received a diagnosis of gender dysphoria from a military medical provider (or received a diagnosis made by a civilian provider and validated by a military medical provider) that is confirmed prior to 12 April 2019 by the Medical Multidisciplinary Team (MMDT).

#### **1. SECTION I: In-Service Transition:**

a. The Air Force recognizes a service member's gender by the member's gender marker in the Defense Enrollment Eligibility Reporting System (DEERS). Coincident with that gender marker, the Air Force applies, and the member is responsible to meet, all standards for uniforms and grooming; fitness; Military Drug Demand Reduction Program (DDRP) participation; and other military standards applied with consideration of the member's gender. Airmen 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 while serving in the military presents unique challenges associated with addressing the needs of the Airman in a manner consistent with military mission and readiness. Where possible, gender transition should be conducted such that an Airman would meet all applicable standards and be available for world wide deployment in the birth gender prior to a change in the member's gender marker in DEERS and would meet all applicable standards and be available for duty in the preferred gender after the change in gender marker. Recognizing, however, that every transition is unique, with some requiring real-life experience (RLE) in the preferred gender prior to a change of gender marker, the policies and procedures set forth herein provide flexibility to commanders in addressing transitions that may or may not follow this construct.

c. Commanders will assess expected impacts on mission and readiness after consideration of the advice of military medical providers and will address such impacts in accordance with this memorandum. Any determination that a transgender Airman or Airman with gender dysphoria is non-deployable at any time will be consistent with established Air Force standards, as applied to other Airmen whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

##### 1.1. Medical Diagnosis and Treatment

a. Any medical care and treatment provided to a transgender Airman or Airman 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 Airman or Airman with gender dysphoria or authorize

elective care not consistent with other medical protocols.

b. When an Airman receives a diagnosis from a military medical provider (or a diagnosis made by a civilian provider and validated by a military medical provider) indicating that gender transition is medically necessary, the member's notification to the commander must identify all medically necessary care and treatment that is part of the Airman's medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the member's gender marker in MilPDS to flow to DEERS.

c. Medically necessary care may include real life experiences (RLE). Full time RLE may be achieved when, as a component of the medical treatment plan, an Airman receives an approved ETP for dress and appearance and/or use of facilities. Full time RLE is also achieved when a gender marker change is made.

d. When an Airman receives a diagnosis from a military medical provider, (or a diagnosis made by a civilian provider and validated by a military medical provider) indicating that gender transition is medically necessary for an Airman, it will be confirmed by the MMDT. Recommendations from the military medical provider in coordination with the MMDT will address the severity of the Airman'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 an Airman's performance of official duties.

(1) Air Force Reserve (AFR) members (ARTs, TRs, and IMAs) must provide their supporting medical unit (Reserve Medical Unit (RMU) or Active Duty Medical Treatment Facility) all civilian medical and mental health documentation for review. The RMU or Active Duty Medical Treatment Facility will complete AF Form 469, *Duty Limiting Condition Report*, with appropriate duty, mobility, and/or fitness restrictions. The RMU or Active Duty Medical Treatment Facility will forward all cases to AFRC/SGO for review. AFRC/SGO will forward all cases to the MMDT to validate civilian diagnosis, treatment plan and to determine the estimated date transition is complete. AFRC medical providers do not validate diagnoses or provide treatment plans. After review of the case, the MMDT will advise the RMU or Active Duty Medical Treatment Facility on all future appropriate duty, fitness and deployment restrictions. AFR members on AGR tours will follow the same policies and procedures as RegAF members.

(2) ANG Airmen must provide their appropriate Guard Medical Unit (GMU) all required medical and mental health documents for review. The GMU shall forward the medical cases to NGB/SG for clinical and administrative review for appropriate case disposition. NGB/SG may forward cases to the MMDT to validate civilian diagnosis, treatment plan and to determine the estimated date transition is complete. All AGR Title 10 members will follow the same policies and procedures as RegAF members.

e. Continued Medical Care. A military medical provider (or a civilian medical provider validated by a military medical provider) in coordination with the MMDT may determine certain medical care and treatment to be medically necessary even after an Airman'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.

f. The MMDT 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 Airmen's gender transition. The MMDT may be contacted at **usaf.jbsa.afmoa.mbx.mmdt-transgender@mail.mil**.

## 1.2. Requesting Transition

An Airman must receive a diagnosis of gender dysphoria from a military medical provider (or received a diagnosis made by a civilian provider and validated by a military medical provider) that is confirmed prior to 12 April 2019 by the MMDT indicating that gender transition is medically necessary. This is followed by notification to the Airman's unit commander and the development of a gender transition plan (transition plan will include timing, as approved by the commander in consultation with the Airman and military medical personnel).

## 1.3. Developing a Gender Transition Plan and Approval Process

a. When an Airman is diagnosed that gender transition is medically necessary and is confirmed by MMDT (or a diagnosis is made by a civilian provider and confirmed by a military medical provider and the MMDT), the Airman may, in consultation with the military medical provider and the MMDT request that the commander approve:

- (1) The timing of medical treatment associated with gender transition;
- (2) An ETP associated with gender transition, consistent with guidance in this memorandum and/or
- (3) A change to the Airman's gender marker in MilPDS to flow to DEERS.

b. The commander, informed by the recommendations of the military medical provider and the MMDT (or the recommendations of a civilian provider validated by a military medical provider and the MMDT), the SCCC, and others as appropriate, will respond to the request 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.

c. Consistent with applicable law, regulation, and policy, the commander will:

- (1) Comply with the provisions of this issuance, and with Air Force regulations, policies, and guidance, and consult with the SCCC.
- (2) Promptly respond to any request for medical care, as identified by the military medical provider, and ensure that such care is provided consistent with applicable regulations.

(3) Respond to any request for medical treatment or an ETP associated with gender transition as soon as practicable, but not later than 90 calendar days after receiving a request determined to be complete in accordance with the provisions of this issuance and Air Force regulations, policies, and guidance. The response will be 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 Airman and their military medical provider. A request that the commander determines to be incomplete will be returned to the Airman, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 calendar days after receipt. (NOTE: Commanders of Traditional Reservists (Det/CCs for IR) or Drill Status Guardsmen must return incomplete requests to the Airman NLT 60 calendar days after receipt.)

(4) At any time prior to the change of the Airman's gender marker in MilPDS to flow to DEERS, the commander may modify a previously approved approach to, or an ETP associated with, gender transition. 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. Notice of such modification will be provided to the Airman.

(5) Approve, in writing, the request to change an Airman'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 MMDT indicating that the Airman'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 Airman'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).

#### 1.4. Considerations for Transitioning Airmen

In cases where transitioning Airmen may require accommodation in regard to military dress and appearance standards, fitness standards, or to use the designated facilities of their preferred gender, Airmen should submit an ETP to their unit commander (see Attachment 4 for a template ETP).

##### a. Fitness.

(1) Airmen must adhere to applicable Fitness standards of the gender reflected in DEERS as outlined in AFI 36-2905, *Fitness Program*. However, Airmen undergoing cross-sex hormone treatment as a component of a medical treatment plan, validated and approved by the MMDT, 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. AF/A1 is the approval authority for exemption requests as outlined in AFI 36-2905.

(2) The following documents are required for FA exemption consideration:

(a) A memorandum from the Airman requesting the FA exemption, and

(b) Evidence of a documented FA failure and FA history in Air Force Fitness Management System (AFFMS) II, and

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

(d) A medical treatment plan signed by the MMDT that shows evidence of:

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

2. Confirmation of ongoing cross-sex hormone treatment as part of a gender transition plan, and

3. An estimated gender marker change date that has not yet expired, and

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

(f) Wing/installation commander and MAJCOM A1 endorsement

(3) The Airman's immediate commander, or equivalent, will recommend approval or disapproval and forward the request through their chain of command to the wing and/or installation commander for endorsement. Wing and/or installation commanders will forward the request to the MAJCOM A1 for endorsement, and in turn, to the SCCC to route for AF/A1 decision.

(4) 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 the Air Force Fitness Management System (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 Airman will provide the previously approved FA exemption memo and updated medical documentation showing proof of continued cross-sex hormone treatment to their unit commander, who may approve or deny any additional 6-month period exemptions.

(5) Airmen who receive 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 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. Airmen 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.

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

#### b. Dress and Appearance

(1) Airmen must adhere to applicable dress and appearance standards of the gender reflected in DEERS as outlined in AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*. 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, Airmen may submit an ETP request to adhere to their preferred gender's dress and appearance standards prior to their official gender marker change in MilPDS, and in turn, DEERS. AF/A1 is the approval authority for ETP requests as outlined in AFI 36-2903, paragraph 13.5.

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

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

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

(c) A medical treatment plan signed by the MMDT that shows:

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

2. Confirmation that the ETP request is a component of the Airman's gender transition plan, and

3. An estimated gender marker change date that has not yet expired, and

(d) Unit commander, or equivalent, assessment of dress and appearance that includes information about the Airman'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), and

(e) Wing or installation commander and MAJCOM A1 endorsement

(3) The Airman's immediate commander will recommend approval or disapproval and forward the request through their chain of command to the wing and/or installation commander for endorsement. Wing and/or installation commanders will forward the request to the MAJCOM A1 for endorsement, and in turn, to the SCCC to route for AF/A1 decision.

(4) 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. Airmen 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.

(5) This guidance applies to Air Reserve Technicians who are required to wear the military uniform while performing civilian duties as an Air Reserve Technician (ART) IAW AFI 36-801, *Uniforms for Civilian Employees*. Air Reserve Technicians must adhere to applicable dress and appearance standards IAW 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.

### c. Facilities

(1) An Airman 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 Airman will require evidence that a military medical provider in coordination with the MMDT (or a civilian medical provider validated by a military medical provider in coordination with the MMDT) has confirmed a diagnosis of gender dysphoria; use of facilities and an ETP for dress and appearance standards are components of the medical treatment plan; and verification the member has received an approved ETP from HAF/A1 for dress and appearance standards.

(2) AF/A4 is generally the approval authority for facility ETP requests. For Airmen who are transitioning and have an approved medical treatment plan, authority to approve ETP requests for use of facilities has been delegated to the installation commander/relevant approval authority for approval or disapproval.

(3) Airmen may request an ETP for the following facilities:

a. Domicile - AFI 32-6005, *Unaccompanied Housing Management*, discusses quarters assignment. Currently, Airmen 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 Airman will use the facilities associated with their gender marker in DEERS.

b. Bathroom and showers (public) - An Airman undergoing gender transition may request a facilities ETP waiver in accordance with AFGM to AFI 32-1032, *Planning and Programming Appropriated Fund Maintenance, Repair and Construction Projects*, dated 28 May 2018, paragraph 6.23, 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 waiver to the member's medical provider. The member's medical provider will review the document and may include this in the medical profile as part of the treatment plan to utilize the facilities of the preferred gender. The medical provider will also send a copy of the approved ETP waiver to the MMDT.

(5) Airmen with a locally approved ETP waiver request for use of facilities must also have an approved ETP waiver request for dress and appearance prior to using the facilities of their preferred gender.

(6) If an Air Force installation commander disapproves a facilities-use ETP request, then the installation commander is required to send the disapproved package to the AF/A4 through the SCCC at [usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil](mailto:usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil) for a final determination. An Airman whose facilities-use ETP request was disapproved by a non-Air Force installation commander/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.

(7) 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.

(8) Facility modifications that are specifically designed to accommodate transgender Airmen and Airmen with gender dysphoria must be approved in accordance with AFI 32-1032, *Planning and Programming Appropriated Fund Maintenance, Repair and Construction Projects*, paragraph 6.23, unless otherwise delegated. The installation Civil Engineer functions are authorized to perform low-cost maintenance in support of the member. Examples include but are not limited to: lock set changes and signage changes.

(9) If an Airman has an approved facilities ETP, they should work with their command chain on coordinating appropriate facility usage at any TDY, deployed, or 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.

d. Deployment and OCONUS Assignments

Transgender Airmen or Airmen 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 should be coordinated 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.

e. For ARC Members

To the greatest extent possible, commanders and Airmen will address periods of non-availability for any period of military duty, paid or unpaid, during the Airman's gender transition with a view of mitigating unsatisfactory participation in accordance with DoDI 1215.13, *Reserve Component (RC) Member Participation Policy*, and DoDI 1300.28, *In-Service Transition for Transgender Service Members*.

## **2. SECTION II Completion of Transition:**

a. In consultation with the Airman, the military medical provider, in coordination with the MMDT will formally advise the commander when the Airman's gender transition is complete, and recommend to the commander a time at which the Airman's gender marker may be changed in MilPDS to flow to DEERS.

b. When Airmen have completed transition, they must bring official documentation to their MPS to update their gender in MilPDS to flow to DEERS. Official documentation includes authorization from the Airman's unit commander and a military medical provider's recommendation, validated by the MMDT, to change the Airman's gender marker. In addition, the Airman must provide appropriate legal documentation supporting gender change to the MPS. Legal documentation must be either a certified true copy of a state birth certificate reflecting the transgender Airman's preferred gender, a certified true copy of a court order reflecting the transgender Airman's preferred gender, or a United States passport reflecting the transgender Airman's preferred gender.

c. 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. ARTs are required to update their gender marker in MilPDS and DCPDS, as there is no integration between the systems (with the exception of data reporting to DEERS from MilPDS and DCPDS).

### **3. SECTION III Post Transition:**

a. Coincident with the gender marker change, except as noted below, the Air Force will apply, and the transgender Airman 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 Airmen will use military lodging, bathrooms and shower facilities associated with their gender marker in DEERS.

b. Any determination that a transgender Airman is non-deployable at any time will be consistent with established Air Force standards, as applied to other Airmen whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

c. A military medical provider may determine certain treatment to be medically necessary, even after a transgender Airman's gender marker is changed in MilPDS to flow to DEERS (e.g. cross sex hormone therapy or surgical and cosmetic procedures).

## **ATTACHMENT 3**

### **REFERENCES**

#### **PART I. ABBREVIATIONS AND ACRONYMS**

**AD**—Active Duty  
**AFFMS II**—Air Force Fitness Management System II  
**AFR**—Air Force Reserve  
**AFRC**—Air Force Reserve Command  
**AFSC**—Air Force Specialty Code  
**AGR**—Active Guard Reserve  
**ANG**—Air National Guard  
**ART**—Air Reserve Technician  
**CAC**—Common Access Card  
**CONUS**—Continental United States  
**DDRP**—Drug Demand Reduction Program  
**DEERS**—Defense Enrollment Eligibility Reporting System  
**DES**—Disability Evaluation System  
**DoDI**—Department of Defense Instruction  
**DMDC**—Defense Manpower Data Center  
**DTM**—Directive-Type Memorandum  
**ETP**—Exception to Policy  
**FA**—Fitness Assessment  
**GMU**—Guard Medical Unit  
**HIPAA**—Health Insurance Portability and Accountability Act  
**MilPDS**—Military Personnel Data System MMDT – Medical Multidisciplinary Team  
**MTF**—Military Treatment Facility  
**OCONUS**—Outside the Continental United States  
**PDES**—Physical Disability Evaluation System  
**PII**—Personally Identifiable Information  
**RLE**—Real Life Experience  
**RMU**—Reserve Medical Unit  
**ROTC**—Reserve Officer Training Corps  
**SCCC**—Service Central Coordination Cell  
**UFPM**—Unit Fitness Program Manager  
**USD(P&R)**—Under Secretary of Defense (Personnel & Readiness)  
**UTC**—Unit Type Code

#### **PART II. GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

DTM 19-004, *Military Service by Transgender Persons and Persons with Gender Dysphoria*, 12 March 2019  
DTM 16-005, *Military Service of Transgender Service Members*, 30 June 2016  
DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003

DoDD 5400.11, *DoD Privacy Program*, 29 October 2014  
DoDI 1300.28, *In-Service transition for Transgender Service Members*, 1 July 2016  
DoDI 1332.14, *Enlisted Administrative Separations*, 27 January 2014  
DoDI 1322.22, *Service Academies*, 24 September 2015  
DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, 26 June 2006  
DoDI 1215.13, *Ready Reserve Member Participation Policy*, 5 May 2015  
DoDI 6025.19, *Individual Medical Readiness (IMR)*, 9 June 2014  
DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Service*, 28 April 2010  
DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, 17 August 2011  
DoDI 1215.13, *Reserve Component (RC) Member Participation Policy*, 5 May 2015  
DoD Handbook, *Transgender Service in the US Military: An Implementation Handbook*  
AFI 32-6005, *Unaccompanied Housing Management*, 29 January 2016  
AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 18 July 2011  
AFI 36-2905, *Fitness Program*, 21 October 2013  
AFI 36-801, *Uniforms for Civilian Employees*, 22 December 2015  
AFI 90-507, *Military Drug Demand Reduction Program*, 22 September 2014  
AF Form 281, *Notification of Change in Service Member's Official Records*  
AF Form 469, *Duty Limiting Condition Report*

### **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.

**Emergency Medical Care**—The care needed to diagnose and treat a medical condition without which the recipient's death or permanent impairment is likely to result.

**Gender Dysphoria**— A marked incongruence between one's experienced/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 status as male or female.

**Gender Transition** - A form of treatment that begins when an Airman receives a diagnosis from a military medical provider for gender dysphoria that is confirmed by the MMDT (or a diagnosis is made by a civilian provider and validated by a military medical provider) indicating that gender transition is medically necessary. This process may involve:

Social transition, also known as “real life experience,” that allows the Airman 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 an Airman’s preferred gender using any combinations of cross sex hormone therapy, surgical/cosmetic procedures; or

Surgical transition, also known as sex reassignment surgery, to make the physical body, both primary and secondary sex characteristics, resemble as closely as possible the Airman’s preferred gender.

**Human and Functional Support Network**—Support network for a Service member that may be informal (friends, family, co-workers, social media, etc.) or formal (medical professionals, counselors, clergy, etc.).

**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.

**Medical Multidisciplinary Team**—A centrally located medical team comprised of a case manager, a mental health provider, an endocrinologist and/or a surgeon knowledgeable in transgender medical care.

**Non-Urgent Medical Care**—The care required to diagnose and treat problems that are not life or limb threatening or that do not require immediate attention.

**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.

**Place of Duty**—The duty location assigned to military members by that member’s commander or supervisor in order for that member to perform official duty for the unit or organization. Official duties may require members to report to alternate duty location in furtherance of the mission as determined by command and supervision, to include mandatory military functions.

**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 medical treatment plan for in-service gender transition. Full time continuous RLE, on a daily basis and across all setting of life, is required before any gender transition surgery that affects fertility. If an Airmen’s medical treatment plan identifies gender-affirming surgeries, then an ETP 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 from SAF/MR, AF/SG, AF/A1, AF/A3, AF/A4, AFRC, ANG, AF/JA and SAF/GC 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 Airmen 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**— For non-exempt Airmen with a diagnosis of gender dysphoria, the absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with marked incongruence between an individual’s experienced or expressed gender and the individual’s biological sex.

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

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

**Urgent medical care**—The care needed to diagnose and treat serious or acute medical conditions that pose no immediate threat to life and health, but require medical attention within 24 hours.

**ATTACHMENT 4**

**SAMPLE: Exception to Policy (ETP) Request Memorandum (For Exempt Airmen Only)**

(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] Airman in the process of gender transition. Therefore, I request an ETP to allow me to adhere to the requirements of the [insert preferred gender] gender with regard to [dress and appearance and/or use of lodging, bathroom, and shower facilities that are subject to regulation by the military] pending my gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) [AND/OR for exemption from my current gender Fitness Assessment standards while undergoing cross-sex hormone therapy pending a gender marker change in DEERS].

I have enclosed:

Medical diagnosis from a military medical provider (or a diagnosis made by a civilian provider and validated by a military medical provider) in consultation with the Medical Multidisciplinary Team (MMDT) that states gender transition is medically necessary.

The MMDT Memo confirmation validating ongoing cross-sex hormone treatment as part of my transition to the [insert preferred gender] gender. [If applicable]

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 Support (MPS).

Fitness Assessment (FA) score card documenting a failure and evidence that I have made a clear effort to meet the FA standards of my current gender. [If applicable]

Documentation confirming the ETP request is a component of the Airman'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**