

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Government-wide policy requires all Federal employees, as defined in 5 U.S.C. § 2105, to be vaccinated against COVID-19. Employees seeking an exception to the vaccination requirement based on a medical disability should complete the form below to request a “medical accommodation” or “medical exception.” Submission of the completed form will be treated as a request for a disability accommodation and evaluated and decided under applicable Rehabilitation Act standards for reasonable accommodation absent undue hardship to the agency. Additional information may be requested if needed to evaluate the request. An employee may also request a delay for complying with the vaccination requirement based on certain medical considerations that may not justify an exception under the Rehabilitation Act. Safer Federal Workforce Task Force guidance on medical considerations that may warrant a delay is available at: <https://www.saferfederalworkforce.gov/faq/vaccinations/>. The Department will maintain the confidentiality of any medical information provided, subject to the applicable Rehabilitation Act standards and the Privacy Act of 1974. Employees who receive an exception or a delay from the vaccination requirement will be required instead to comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

To request a medical exception or delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you can go to “My Tickets” on ACMS and upload the completed form to your RA ticket.

If you have any questions or is unable to upload an attachment, you can contact your designated point of contact at <https://dhsconnect.dhs.gov/org/offices/crcl/eo/Pages/Reasonable-Accommodations-at-DHS.aspx/>.



DHS Privacy Act Statement

REQUEST FOR AN EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting this information.

Authority:

DHS is authorized to collect the information requested on this form pursuant to: Sections 501, 503, 504, and 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as amended, and 29 CFR § 1614.203; Section 202(d) of the E-Government Act of 2002, *Accessibility to Persons with Disabilities*; Americans with Disabilities Act Amendments Act of 2008; 36 CFR part 1194, *Electronic and Information Technology Accessibility Standards*; 6 CFR part 15, *Enforcement of Nondiscrimination on the Basis of Disability in Programs or Activities Conducted by the Department of Homeland Security*; Executive Order 13164, *Establishing Procedures To Facilitate The Provision Of Reasonable Accommodation*, 29 CFR § 1605.2, *Reasonable accommodation without undue hardship as required by section 701(j) of title VII of the Civil Rights Act of 1964*, 42 U.S.C. § 2000e; 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees* (Sept. 9, 2021), and 5 U.S.C. chapters 33 and 63 and Executive Order 12196, *Occupational Safety and Health Program for Federal Employees* (Feb. 26, 1980). Additional authorities associated with this collection of information can be found in the following system of records notices (SORNs): DHS/ALL-033 Reasonable Accommodations Records System of Records, 76 Fed. Reg. 41274 (July 13, 2011); and DHS/ALL-047 Records Related to DHS Personnel, Long-Term Trainees, Contractors, Mission Support Individuals, and Visitors During a Declared Public Health Emergency System of Records, 85 Fed. Reg. 80127 (December 11, 2020)).

Purpose:

DHS is requesting this information to track and report the processing of reasonable accommodation requests Department-wide to comply with applicable law and regulations, to inform and determine appropriate COVID-19 mitigation measures for particular employees, and to preserve and maintain the confidentiality of religious and medical information while promoting the safety of federal workplaces and the federal workforce consistent with the above-referenced authorities.

Routine Uses:

Reasonable Accommodations request data is generally not shared externally. However, a complete list of the routine uses can be found in the SORNs identified above associated with this collection of information. The Department's full list of SORNs can be found on the Department's website at <http://www.dhs.gov/system-records-notice-sorns>.



Disclosure:

Providing this information to DHS is voluntary. However, failure to provide this information may result in DHS being delayed or unable to process a reasonable accommodation request. Unless granted a legally-required exception because of a disability or because of a sincerely held religious belief, practice, or observance, all covered federal employees are required to be vaccinated against COVID-19 and to provide documentation concerning their vaccination status to their employing agency. Unless you have been granted a legally-required exception, failure to provide this information may subject you to disciplinary action, including and up to removal from federal service.

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request
Component	Office	Duty Location
Position	Supervisor	Phone Number

Please describe your job duties

What is the expected duration of your medical condition?	<input type="checkbox"/> Temporary	<input type="checkbox"/> Long-term
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Questions

1. Briefly describe your disability/medical condition.
2. Briefly describe the specific accommodation requested.
3. Please explain how your disability or medical condition prevents you from receiving the COVID-19 vaccine, addressing each type available (Moderna, Johnson & Johnson, and Pfizer).
4. If permitted an exemption or delay in taking the vaccine, what types of accommodation would enable you to perform your job duties without presenting a risk of transmission to others?
5. Have you contacted anyone regarding this request?
6. Do you work in a SCIF?

Medical or Disability Exception Request

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Employee Signature

Print Name	Date

Part 2 – To be Completed by the Employee's Medical Provider

Employee Name

Medical Certification for COVID-19 Vaccine Exemption

Dear Medical Provider:

DHS requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order 14043 of the President of the United States. The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist DHS in its reasonable accommodation process.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
2. A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be exempted from complying with a COVID-19 vaccination requirement:

The condition described above is: Temporary Long-term

If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name/Title

Medical Provider Signature

Date