

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

(See Privacy Act Statement at the bottom of this form)

Government-wide policy requires all Federal employees, as defined in the United States Code at 5 U.S.C. § 2105, to be vaccinated against COVID-19, with exceptions only as required by law. Employees may seek a legal exception to the vaccination requirement due to a disability using this form. The agency may also ask for other information, as needed. Requests for "medical accommodation" or "medical exceptions" will be treated as requests for a disability accommodation and evaluated and decided under applicable Rehabilitation Act standards for reasonable accommodation absent undue hardship to the agency. 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 [here](#). The agency will be required to keep confidential any medical information provided, subject to the applicable Rehabilitation Act standards. Employees who receive an exception or a delay from the vaccination requirement would instead 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 from the COVID-19 vaccination requirement:

1. You must complete Part 1 of this form and provide the name and telephone number of your Local Reasonable Accommodation Coordinator in Part 2.
2. Your medical provider must complete Part 2 of this form.

## PART I - TO BE COMPLETED BY THE EMPLOYEE

Employee Name		Date of Request	
GSA Staff or Service Office		Office/Branch/Division	
Position	Employee's Supervisor		Telephone Number

### 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

Employee Name	Date
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## PRIVACY ACT STATEMENT

Requesting a reasonable accommodation is a voluntary process. Due to the confidential nature of reasonable accommodations and in accordance with the Privacy Act, access to the information you provide on this form shall be limited to individuals with a "need to know," which includes those individuals mentioned in the routine uses section of the System of Records Notice, [GSA-HRO-1](#).

**Statutory Authority:** The Rehabilitation Act of 1973, United States Code - 29 U.S.C. § 791; The Americans with Disabilities Act of 1990, 42 U.S.C. § 12101; Title VII of the Civil Rights Act, 42 U.S.C. § 2000e-16; the Family and Medical Leave Act of 1993, 29 U.S.C. § 2601; 40 U.S.C. § 3173; Executive Order - E.O. 13164 (July 28, 2000); E.O. 13548 (July 26, 2010); E.O. 14042 (September 9, 2021); and E.O. 14043 (September 9, 2021).

**Purpose and Use:** The information collected on this form is used to facilitate the reasonable accommodation process for individuals with disabilities or religious beliefs provided in support of a request for accommodation or exemption from a requirement or penalty.

**Routine Use:** In some limited cases, GSA must work with external partners to provide information about a reasonable accommodation request and/or record of a reasonable accommodation. The routine uses listed in GSA/HRO-1 apply.

**Consequence for Not Supplying the Requested Information:** If an employee or applicant does not provide the necessary information, including medical or religious information, then a decision-maker may deny the reasonable accommodation request.

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PART II - TO BE COMPLETED BY THE EMPLOYEE'S MEDICAL PROVIDER

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Employee Name

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Medical Certification for COVID-19 Vaccine Exception

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Dear Medical Provider:

The U.S. General Services Administration (GSA) requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order of the President of the United States. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist GSA in its reasonable accommodation process. If you have questions about completing this form, please contact the local reasonable accommodation coordinator.

*To be filled out by the employee*

Name of Local Reasonable Accommodation Coordinator

Coordinator's Telephone Number

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 excepted from complying with a COVID-19 vaccination requirement:

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The condition described above is:  Temporary  Permanent

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*):

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Medical Provider Name

Medical Provider Title

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Medical Provider Signature

Date