

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, with exceptions only as required by law. Employees may seek a legal exception to the vaccination requirement due to a disability, using the form below. 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 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 must submit the form to your agency's designated point of contact.

Privacy Act Statement

Authority: We are authorized to collect the information requested on this form pursuant to 29 U.S.C. § 1302; 44 U.S.C. § 3101; 5 U.S.C. § 301; 29 U.S.C. § 701 et seq.; 29 U.S.C. § 791; 42 U.S.C. § 12101 et seq.; 42 U.S.C. § 2000e et seq.; 42 U.S.C. § 2000bb; 42 U.S.C. Ch. 21, 126; 29 CFR Parts 1605, 1614, 1630; Executive Order 13164 (July 26, 2000); and Executive Order 13548 (July 26, 2010).

Purpose: This information is being collected and maintained to allow applicants, current, and former employees and other individuals who participate in EXIM programs or activities with physical and/or mental disabilities, and/or sincerely held religious beliefs, practices, or observances who request and/or receive reasonable accommodation by EXIM; (2) to track and report the processing of requests for reasonable accommodation EXIM-wide to comply with applicable law and regulations; and (3) to maintain the confidentiality of medical and/or religious information submitted by or on behalf of applicants or employees requesting reasonable accommodation.

Routine Uses: While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: physicians or other medical professionals or religious or spiritual advisors or institutions to provide them with or obtain from them the necessary documentation and/or certification for reasonable accommodation; another Federal agency or commission with responsibility for labor or employment relations or other issues, including equal employment opportunity and reasonable accommodation issues, when that agency or commission has jurisdiction over reasonable accommodation issues; the Office of Management and Budget (OMB), Department of Labor (DOL), Office of Personnel Management (OPM), Equal Employment Opportunity Commission (EEOC), or Office of Special Counsel (OSC) to obtain advice regarding statutory, regulatory, policy, and other requirements related to reasonable accommodation; appropriate third-parties contracted by the Agency to facilitate mediation or other dispute resolution procedures or programs; or to a Federal agency or entity authorized to procure assistive technologies and services in response to a request for reasonable accommodation.

Part 1 – To Be Completed by the Employee		
Employee Name	Date of Request	
Office	Division/ Unit	
Position Title	Supervisor	Phone Number

<u>Medical or Disability Exception Request</u>	
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
<u>Medical Certification for COVID-19 Vaccine Exception</u>
Dear Medical Provider:
Export Import Bank of the United States (EXIM) 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 EXIM in its reasonable accommodation process. If you have questions about completing this form, please contact EXIM’s reasonable accommodation coordinator at David.Campos@exim.gov or (202) 565-3321.
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 factsheet 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:

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