



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 this template. DOE 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. DOE will 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.

CONTACT INFORMATION

Date: _____

Last Name

First Name

Email

Phone No.

Job Title / Pay Plan-Series-Grade

Organization

Supervisor's Name

Supervisor's Email

Supervisor's Phone No.

Identify the name and location of the applicable Servicing Human Resources Office or Shared Service Center

INSTRUCTIONS

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 designated [Local Reasonable Accommodation Coordinator \(LRAC\)](#).

PART 1: EMPLOYEE EXCEPTION REQUEST

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's Full Name

Date of Request

Employee's Signature

PART 2: REQUEST FOR THE EMPLOYEE'S MEDICAL PROVIDER

Dear Medical Provider:

The Department of Energy 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 the Department of Energy in its reasonable accommodation process. If you have questions about completing this form please contact the employee's Local Reasonable Accommodation Coordinator:

Name: _____ Phone: _____

In the field below, please provide a description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement, including the following information:

- 1) The applicable contraindication(s) or precaution(s) 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.

The condition described above is: Temporary Permanent

If temporary, expected end date (allowing for COVID-19 vaccination): _____

Medical Provider's Full Name/Title

Medical Provider's Signature

Date

PRIVACY ACT STATEMENT

AUTHORITY: The Americans with Disabilities Act Amendment Act of 2008 (42 U.S.C. § 12101 et seq.) and the Department of Energy Organization Act (42 U.S.C. § 7101) authorizes the collection of this information. The information provided through this form is covered by a DOE Privacy Act system of record, DOE-33, Personnel Medical Records, which was last updated in volume 74 of the Federal Register, pages 1032-1035, published on January 9, 2009.

PURPOSE: This information is needed to evaluate and process employee requests for reasonable accommodation at the Department of Energy.

ROUTINE USES(S): This information will be used by and disclosed to DOE personnel, contractors, or another federal agency who will need the information to facilitate credentialed access to a federal government facility. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contract requirements, pursuant to the purpose established in DOE-33.

DISCLOSURE: This information (including additional identifying data) is required and necessary to process an individual's request for reasonable accommodation. A request cannot be processed if required information is missing.

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U.S. DEPARTMENT OF
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