

CUI//SP-PERS/SP-HLTH when filled in

WARNING. When filled in, this form contains Personally Identifiable Information (PII) that is subject to Federal law and regulation. PII may be used only as authorized, which includes securing it in accordance with NASA policy and procedural requirements. Penalties for misuse apply. Report suspected misuse immediately to Security Operations Center at 877-NASA-SEC (627-2732).



National
Aeronautics and
Space
Administration

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

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the following statement is furnished to individuals requesting a medical deferral of the vaccine requirement or a reasonable accommodation with NASA based on a disability.

AUTHORITY: Sections 501 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 791; 42 U.S.C. § 12101 et seq; 44 U.S.C. § 3101; 51 U.S.C. § 20013(a); Executive Order 11478, Executive Order 13164; 29 CFR pt. 1614; 29 CFR pt. 1630.

PURPOSES: This information is being collected and maintained for the purpose of considering, deciding, and implementing requests for a medical deferral of the vaccine requirement or a reasonable accommodation based on a disability by NASA employees and applicants for employment.

ROUTINE USES: While the information requested is intended to be used primarily for internal purposes to assist the Decision Maker to make determinations on medical deferrals or on a reasonable accommodation request, in some circumstances it may be necessary to disclose this information externally. For example, to contract or external physicians who will assist NASA with the review of such requests, to adjudicative bodies (e.g., the Merit Systems Protection Board, the Equal Employment Opportunity Commission), arbitrators, to the extent necessary to carry out their authorized duties, to contractors as necessary to perform their duties for the Federal Government, to other agencies, courts, and persons as relevant and necessary in the course of litigation, or to others for the purposes listed as "Routine Uses" of NASA 10RAR, Reasonable Accommodations Records located at https://www.federalregister.gov/documents/2021/11/15/2021-24867/privacy-act-of-1974-system-of-records?utm_campaign=subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email.

EFFECT OF NONDISCLOSURE: Supplying the information is voluntary on your part.

Individuals not supplying the requested information will not be able to have their request for a reasonable accommodation processed.

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If you have questions about completing this form, please contact the ODEO office at your Center.
This information can be found at: <https://www.nasa.gov/offices/odeo/center-EO-offices>.

Part 1 - To Be Completed by the Employee			
Employee Name	Center	Date of Request	
Department	Division		
Position	Supervisor	Phone 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.

Print Name	
Employee Signature	Date

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Part 2 - To be Completed by the Employee's Medical Provider	
Employee Name	
Medical Certification for COVID-19 Vaccine Exception	
<p>Dear Medical Provider: National Aeronautics and Space Administration (NASA) 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 NASA in its reasonable accommodation process.</p> <p>Please provide at least the following information, where applicable:</p> <ol style="list-style-type: none"> 1. Your title, NPI number, and office phone number. 2. 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; 3. 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 4. 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:	
<p>The condition described above is: <input type="checkbox"/> temporary <input type="checkbox"/> long-term</p> <p>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):</p>	
Medical Provider Name/Title/NPI Number	
Medical Provider Signature	Date