



DEPARTMENT OF THE TREASURY

WASHINGTON, D.C. 20220

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.

You may use this form to request a medical exception or delay from the COVID-19 vaccination. If you choose not to use this form, you are expected to communicate the specific information identified in the form. You may also be asked to provide additional information necessary to make a decision.

1. Part 1 of the form is information to be provided by you.
2. Part 2 of the form is information to be provided by your medical professional.
3. Provide both **parts 1 and 2** to the Disability Accommodation Coordinator at: Kelly.Battista@occ.treas.gov

Privacy Act Statement

Authority: Solicitation of this information is authorized by the Rehabilitation Act of 1973, §§ 501 and 504; Title VII of the Civil Rights Act of 1964, as amended; Executive Order 13164 (July 28, 2000); and Executive Order 14043 (September 09, 2021).

Purpose: The Department of the Treasury (Treasury) is collecting the information to support its review of reasonable accommodation requests. The information provided will help Treasury process requests for medical accommodation or exception to the COVID-19 vaccination requirement due to temporary or long-term condition or medical circumstance. Additionally, the information collected will allow Treasury to track and report the processing of requests for reasonable accommodations Treasury-wide to comply with applicable laws and regulations.

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 pursuant to certain routine uses. For example the information may be disclosed to: a congressional office in response to an inquiry from the congressional office made at the request of the employee providing the information on this form; to an authorized administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee; or to medical personnel to address a bona fide medical emergency. A complete list of the routine uses pursuant to which this information may be shared can be found in the system of records notice associated with this collection of information, Treasury .016 Reasonable Accommodations Records, available at 81 FR 78266 (Nov. 11, 2016).

Disclosure: Providing this information is voluntary. However, failure to furnish the requested information may delay or prevent action on your reasonable accommodation request.

Part 1 – REQUEST (To be completed by employee)

1a. Employee Name		1b. Line of Business and Job Title	
1c. Official Duty Station (Name of Office, City & State)		1d. Telework Location (City & State)	
1e. Supervisor	1f. Employee Email Address	1g. Employee Phone Number	
1h. Medical 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.			
1i. Employee Signature			
1j. Date Requested (may differ from date signed)		1k. Reference # (to be completed by DAC)	

Part 2 – MEDICAL CERTIFICATION (To be completed by employee's medical professional)

2a. Employee Name

2b. Medical Certification for COVID-19 Vaccine Exception

Dear Medical Professional:

The Office of the Comptroller of the Currency (OCC) requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order 14043 issued by 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 OCC in its reasonable accommodation process. If you have questions, please contact the OCC's Disability Accommodation Coordinator: Kelly.Battista@occ.treas.gov or (202) 704-9488. 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.

2c. Description of the medical condition for which the employee should be excepted from complying with a COVID-19 vaccination requirement. (Provide as an attachment.)

**2d. The condition described above is:
CHECK ONE**

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):

Date:

2e. Medical Professional Name and Title

2f. Medical Professional Signature

2g. Date Signed

Part 3 -- DECISION & RIGHTS (To be completed by OCC and issued to employee)

There is no reconsideration process. If you disagree with this decision and wish to pursue your administrative, statutory or collective bargaining rights, you must:

1. **EEO Complaint:** Initiate the EEO pre-complaint process by contacting the OCC's EEO Officer within **45 calendar days** from the date of your receipt of a written decision; or
2. **Negotiated Grievance:** If a bargaining unit employee, file a written grievance within **20 business days** from the date of your receipt of a written decision, and in accordance with the provisions of the Collective Bargaining Agreement.

If your exception request is denied, you must receive the first dose of the vaccine (or second dose if first already received) within two weeks of receiving a denial in writing. If you fail to comply with the Executive Order, you will be subject to disciplinary action up to and including removal. Should you file an EEO complaint or grievance on the denial of your exception request, it will not stop the OCC from taking disciplinary action against you. If the OCC decides to take disciplinary action, any written notice(s) issued to you will include your administrative, statutory or collective bargaining rights.

Approved under the following condition(s):

Denied for the following reason(s):

Deciding Official Signature

Reference #

Date Issued to Employee: