

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: The Rehabilitation Act of 1973, as amended, 29 U.S.C. § 791; Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (September 9, 2021); Executive Order 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation, 65 Fed. Reg. 46,563 (Jul 28, 2000); and Equal Employment Opportunity Commission’s Policy Guidance on Executive Order 13164: Establishing Procedures to Facilitate the Provision of Reasonable Accommodation, Directives Transmittal Number 915.003 (October 20, 2000).

Purpose: The principal purpose for collecting this information is to permit the U.S. Department of Transportation (DOT) and its components to assess whether individuals are entitled to a medical exemption from the mandator Covid-19 vaccine requirement as a reasonable accommodation. Additionally, this information is being collected and maintained by the DOT to record and track requests for such medical exemptions, and their disposition.

Information collected in connection with a request for reasonable accommodation is confidential and may be shared with DOT officials or DOT contractors only when those other individuals need to know the information to make determinations on a reasonable accommodation request or to assist the Departmental Office of Civil Right or the Office of Human Resources in making such a determination.

Routine Uses: The records and information in the records may be used pursuant to the Routine Uses for the system found in the System of Records Notice DOT/ALL 028—Employee Accommodations Files, 86 FR 64597 (November 18, 2021).

Effect of Disclosure: The provision of information is voluntary; however, if you do not provide this information, DOT may not be able to provide you with a medical accommodation to the Covid-19 vaccination requirement.

Paperwork Reduction Act Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-XXXX. Public reporting for this collection of information is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Office of Civil Rights, OST-32, Department of Transportation, 1200 New Jersey Avenue, Washington, DC 20590.

| Part 1 – To Be Completed by the Employee [Agencies should modify these fields as needed for purposes of identifying the employee.] | | |
|--|-------------------|------------------------|
| Employee Name | | 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. | |
| | |
| Employee Signature | |
| | |
| Print Name | Date |
| | |

Part 2 – To be Completed by the Employee's Medical Provider

Employee Name

Medical Certification for COVID-19 Vaccine Exception

Dear Medical Provider:

The U.S. Department of Transportation (USDOT) 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 USDOT in its reasonable accommodation process.

If you have questions about completing this form, please contact
DOTReasonableAccommodation@dot.gov

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:

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

