

NATIONAL SCIENCE FOUNDATION (NSF)

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Pursuant to Government-wide and NSF policy, all NSF employees, as defined in 5 U.S.C. § 2105, and other NSF staff (e.g., IPAs, fellows, student volunteers) are required to be vaccinated against COVID-19, with exceptions only as required by law. NSF employees and other NSF staff 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 individual 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. Individuals 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 and removal from 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 NSF’s designated point of contact for reasonable accommodations (**i.e., the Disability Program Manager in the NSF Office of Diversity and Inclusion (ODI), rarequest@nsf.gov**).

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 7902(d); Occupational Safety & Health Act (OSHA) of 1970, 29 U.S.C. 668(a); National Science Foundation Act of 1950, Pub. L. 507-81; 29 CFR part 1904; 29 CFR 1910.1020 and 1960.66; Executive Orders 12196, 13991, and 14043; OMB Memoranda M-21-15 and M-21-25; Safer Federal Workforce Task Force, COVID-19 Workplace Safety: Agency Model Safety Principles; and other authorities, including title VII of the Civil Rights Act of 1974, the Rehabilitation Act, Executive Order 13164, and Equal Employment Opportunity Commission (EEOC) regulations, as applicable. While this form is voluntary, failure to complete it may result in denial of an exemption from vaccination or testing requirements and disciplinary or other action for non-compliance with such requirements, including termination and removal from service.

Purpose: NSF will use the information you provide to determine your eligibility for a reasonable accommodation for a disability, to include a legal exception to the vaccination requirement. This information is being collected to assist NSF with maintaining a safe and healthy workplace, including to protect individuals in NSF facilities and events from risks associated with a public health emergency; to plan and respond to workplace and personnel flexibilities needed during such an emergency; to facilitate NSF’s cooperation with public health authorities; to perform contact tracing investigations and provide exposure notifications to NSF staff or other individuals; and to comply with legal recordkeeping and reporting requirements.

Routine Uses: In addition to authorized internal NSF use, the information you provide may be disclosed to contractors, other Federal, State, local and other agencies, health departments, medical authorities, and other entities in connection with health screening, contact tracing, statistical reporting, and other efforts to address the spread of communicable diseases and/or a public health emergency. For a full list of routine uses, see NSF-78 (NSF Staff & Visitor Medical Information), posted at <https://www.nsf.gov/privacy/>. If you use the services of the NSF Health Unit or other NSF health programs, which includes review of medical documentation in support of your reasonable accommodation request, and this information is maintained as part of those health and medical program records, additional routine uses apply to those records. See NSF-79 (NSF Health Program Records), posted at <https://www.nsf.gov/privacy/>.

Part 1 – To Be Completed by You (Requesting Individual)

Name		Date of Request	
Directorate or 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.

Your Signature

Print Name	Date

Part 2 – To be Completed by Your Medical Provider**Name (Requesting Individual)****Medical Certification for COVID-19 Vaccine Exception**

Dear Medical Provider:

The National Science Foundation (NSF) requires its employees and other NSF staff to be fully vaccinated against COVID-19 pursuant to Executive Order 14043, issued by the President of the United States, and other applicable law, agreement or policy. 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 NSF in its reasonable accommodation process.** If you have questions about completing this form, please contact **NSF's Disability Program Manager**, who serves as the agency's reasonable accommodation coordinator, by e-mail at rarequest@nsf.gov, or by phone at **(703) 292-8020**. **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 individual from receiving any COVID-19 vaccine.

Description of the medical condition for which the individual listed above should be excepted from complying with a COVID-19 vaccination requirement (attach/submit additional sheets, if needed):
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**

PAPERWORK REDUCTION ACT STATEMENT: A federal agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number, which is **XXXX-XXXX** for this form. We estimate that completing the form, including the time to review instructions, should take medical providers no more than two (2) hours to complete, and one (1) hour for the requesting individual (NSF employee or other staff).