



OFFICE OF THE DIRECTOR OF NATIONAL INTELLIGENCE

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 at <https://www.saferfederalworkforce.gov/faq/vaccinations/>. 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 for:

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT SORN ODNI-10, “Office of IC EEOD Records”

Authorities include: The National Security Act of 1947, as amended, 50 USC 3001, et seq.; The Rehabilitation Act of 1973, as amended, 29 U.S.C. 791; Title VII of the Civil Rights Act of 1964, as amended; Americans with Disabilities Act (ADA), as amended; Genetic Information Non-Discrimination Act (GINA) of 2008; Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act); The Federal Records Act of 1950, as amended; U.S. Equal Employment Opportunity Commission Management Directives 110 and 715; 29 CFR parts 1614, 1630, and 1635; 44 U.S.C. 3101 et. seq; Executive Order 12333, as amended (73 FR 45325); Executive Order 13526, as amended (75 FR 707); Executive Order 12968, as amended (73 FR 38103); and Executive Order 13164 (65 FR 46565); Executive Order 11478 (34 FR 12985), as amended by Executive Order 13807 (63 FR 30097); Executive Order 13152 (65 FR 26115), and Equal Employment Opportunity Commission’s Policy Guidance on Executive Order 13164 Establishing Procedures to Facilitate the Provision of Reasonable Accommodations, Directives Transmittal Number 915.002, October 20, 2000; and Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees.

Purpose(s): Records collected on this form pursuant to ODNI-10, “Office of IC EEOD Records” enable the DNI to carry out lawful and authorized responsibilities under myriad statutes, regulations, and guidance governing equal employment opportunities, including considering, deciding, implementing, and tracking requests for and action taken in response to requests for provision of reasonable accommodations. This information is also being collected and maintained to promote the health and safety of the Federal workforce and the efficiency of the civil service consistent with Executive Order 14043, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevent and the Occupational Safety and Health Administration.

Routine Uses: While use of the information request is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. ODNI’s Privacy Act General Routine Uses Applicable to More than One System of Records, Subpart C of ODNI’s Privacy Act Regulation published at 32 CFR Part 1701 (73 FR 16531 16541) and incorporated by reference (see also <http://www.dni.gov>).

Disclosure: Disclosure of this information is voluntary. However, the information is necessary for ODNI to review the request for an exception to the COVID-19 vaccination requirement. Failure to provide the requested information may result in ODNI’s inability to approve the request for an exception, and you may be treated as not fully vaccinated for purposes of implementing safety and disciplinary measures.

Part 1 – To Be Completed by 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:

_____ ODNI 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 [AGENCY NAME] in its reasonable accommodation process. If you have questions about completing this form, please contact [AGENCY NAME]'s reasonable accommodation coordinator at [EMAIL AND PHONE HERE].

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