



# U.S. MERIT SYSTEMS PROTECTION BOARD

Office of Equal Employment Opportunity  
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## 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 Merit Systems Protection Board (MSPB) 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](#). MSPB 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 MSPB’s designated point of contact.

## **Privacy Act Statement**

**Authority:** Pursuant to 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, "Requiring Coronavirus Disease 2019 Vaccination for Federal Employees" (Sept. 9, 2021), we are authorized to collect this information. The authority for the system of records notice (SORN) associated with this collection of information, [MSPB-3 Reasonable Accommodations SORN, 86 Fed. Reg. 73001 \(Dec. 23, 2021\)](#), also includes 5 U.S.C. chapters 33 and 63 and Executive Order 12196, "Occupational Safety and Health Program for Federal Employees" (Feb. 26, 1980). The authority for this form is also derived from the Rehabilitation Act of 1973, 29 U.S.C. 701, 791, 794; 29 C.F.R. 1614 (Federal Sector Equal Employment Opportunity); 29 C.F.R. 1630 (Regulations To Implement the Equal Employment Provisions of the Americans With Disabilities Act); Executive Order 13164, "Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation" (July 26, 2000); and Executive Order 13548, "Increasing Federal Employment of Individuals with Disabilities" (July 26, 2010).

**Purpose:** The purpose of this system of records is to allow the U.S. Merit Systems Protection Board (MSPB) to collect and maintain records on applicants for employment and employees who request or receive reasonable accommodations or other appropriate modifications from MSPB for medical reasons; to process, evaluate, and make decisions on individual requests; to track and report the processing of such requests to comply with applicable requirements in law, regulation, and policy; and to maintain the confidentiality of the information provided in support of the accommodation. This information is being collected and maintained to promote the safety of Federal workplaces and the Federal workforce consistent with the above-referenced authorities, Executive Order 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing" (Jan. 20, 2021), and guidance from Centers for Disease Control and Prevention (CDC), the Safer Federal Workforce Task Force, and the Occupational Safety and Health Administration.

**Routine Uses:** While the information requested is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies, arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of the routine uses can be found in the SORN associated with this collection of information.

**Consequence of Failure to Provide Information:** Providing this information is voluntary. Failure to provide this information may delay or impede the processing of this reasonable accommodation request. Moreover, without an approved reasonable accommodation request, failure to provide proof of COVID-19 vaccination may result in disciplinary measures, up to and including removal from Federal service, based on the requirements of Executive Order 14043, "Requiring Coronavirus Disease 2019 Vaccination for Federal Employees" (Sept. 9, 2021).

## **Burden Statement**

Public reporting burden for this data collection is estimated to vary from 10 minutes to 1 hour, with an average of 60 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid Office of Management and Budget (OMB) control number is displayed on this form. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of the Clerk of the Board, Merit Systems Protection Board, 1615 M Street, NW, Washington, DC 20419; by fax to 202-653-7130; or by e-mail to [mspb@mspb.gov](mailto:mspb@mspb.gov).

**Part 1 – To Be Completed by the Employee**

<b>Employee Name</b>		<b>Date of Request</b>	
<b>Department</b>		<b>Division</b>	
<b>Position</b>	<b>Supervisor</b>	<b>Phone Number</b>	

<b>Medical or Disability Exception Request</b>	
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.	
<b>Employee Signature</b>	
<b>Print Name</b>	<b>Date</b>

**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. Merit Systems Protection Board requires its employees to be fully vaccinated against COVID-19 pursuant Executive Order of the President of the United States. The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist MSPB in its reasonable accommodation process. If you have questions about completing this form, please contact MSPB's EEO Director at [jessica.lang@mspb.gov](mailto:jessica.lang@mspb.gov) or 202-254-4405.

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**