

## National Transportation Safety Board

### 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.

#### Instructions

1. Complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, submit to [eeodi@ntsb.gov](mailto:eeodi@ntsb.gov).

#### **Privacy Act Statement**

Authority: Pursuant to Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021), we are authorized to collect this information.

Purpose: This information is being collected and maintained to promote the safety of Federal workplaces and the Federal workforce consistent with the above-referenced authority Executive Order 14043, which requires mandatory vaccinations for all federal employees with exceptions only as required by law.

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 (e.g., the Merit System Protection Board), 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. See NTSB-28, Employee Medical Folders.

Consequence of Failure to Provide Information: If you are requesting a medical or religious exception to the requirement that you be vaccinated for the COVID-19 virus, providing the requested information is mandatory. Unless granted a legally required exception, all covered Federal employees are required to be vaccinated against COVID-19 and to provide documentation concerning their vaccination status to their employing agency. Unless you have been granted a legally required exception, failure to provide this information may subject you to disciplinary action, including and up to removal from Federal service.

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

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

**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 National Transportation Safety Board (NTSB) requires its employees pursuant to Executive Order of the President of the United States to be fully vaccinated against COVID-19. 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 NTSB in its reasonable accommodation process. If you have questions about completing this form, please contact Fara Guest, NTSB's reasonable accommodation coordinator, at fara.guest@ntsb.gov or 202-314-6190.

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**