**SUPPORTING STATEMENT**

**U. S. Department of Commerce**

**Request for a Medical Exemption to the COVID-19 Vaccination Requirement Form**

**Extension of an Already Approved Collection**

**OMB Control No. 0690-0036**

**Abstract**

**This request is for extension without change of a currently approved collection.**

The purpose of this request of a Paperwork Reduction Act (PRA) clearance is to allow the Department of Commerce (DOC) to continue collecting information from individuals applying for medical exemption to the COVID-19 Mandatory Vaccinations as specified in the Agency Medical Exemption Form, Part 2. The vaccination requirement issued pursuant to E.O. 14043, “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees” is currently the subject of a nationwide injunction. While that injunction remains in place, the Department will not process requests for a medical exception from the COVID-19 vaccination requirement pursuant to E.O. 14043. The Department will also not request the submission of any medical information related to a request for an exception from the vaccination requirement pursuant to E.O. 14043 while the injunction remains in place. But the Department may nevertheless receive information from individuals regarding a medical exception.

**Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

Consistent with guidance from the Centers for Disease Control and Prevention (CDC), guidance from the Safer Federal Workforce Task Force established pursuant to Executive Order 13991 of January 20, 2021, *Protecting the Federal Workforce and Requiring Mask-Wearing*, and Executive Order 14043 of September 9, 2021, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,* the request for this collection of information is essential to continue the Department of Commerce’s health and safety measures regarding the Federal Employee medical exemptions to the COVID-19 mandatory vaccinations. The Rehabilitation Act of 1973, as amended, requires Federal Agencies to provide reasonable accommodations to qualified employees with disabilities unless that reasonable accommodation would impose an undue hardship on the employee’s Agency. See 29 U.S.C. 791; 29 C.F.R. Part 1614; see also 20 C.F.R. Part 1630 and Executive Order 13164 of July 26, 2000, *Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation*. Section 2 of E.O. 14043 mandates that each agency “implement, to the extent consistent with applicable law, a program to require COVID-19 vaccination for all of its Federal employees, with exceptions only as required by law.” This medical exemption form is necessary for Commerce to determine legal exemptions to the vaccine requirement under the Rehabilitation Act.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

This information is being requested to continue promoting the safety of Federal buildings, and others on site at agency facilities or those interacting with the public consistent with the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force and guidance from the Centers for Disease Control and Prevention. To request a medical exemption from the COVID-19 vaccination requirement, an employee must complete Part 1 of the medical exemption form and their medical provider must complete Part 2.

The Bureau’s Reasonable Accommodation Coordinators receive this form from the requester and use it to make a recommendation to the supervisor based on the medical information provided in the form. This is the process currently used for reasonable accommodations as outlined in DAO 215-10 (https://www.osec.doc.gov/opog/dmp/daos/dao215\_10.html).

This would differ from the staff who implements and enforces the safety protocols that will apply to the unvaccinated employee who is granted the medical exemption. If that designated person is someone other than the supervisor, they would not receive this form. However, it’s likely that the designated person would be notified by the supervisor that the employee has an exemption based on medical.

This form will also ensure the information collected is consistent among the Bureaus and minimize the need to seek additional evidence.

**Table: Information Requirements and Needs and Uses of Information Collected**

| **Item #** | **Requirement** | **Executive Order** | **Regulation** | **Needs and Uses** |
| --- | --- | --- | --- | --- |
| 1 | Medical Exemption Form | 14043 | 5 C.F.R. § 1320.13 | * Used by Federal employee to request medical exemption from COVID-19 Vaccine Mandates.
* Used by the Federal employee’s medical provider for medical certification of COVID-19 Vaccine exemption.
* Used by DOC staff to process the request and enforce the COVID-19 Vaccine Mandates.
 |

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.**

This information collection is paper-based and will require the individual responder to fill out the required fields of the form and submit the completed form to the appropriate DOC personnel. A link to this form or a PDF version may be emailed to respondents who will then print it out to complete it or complete it electronically. We will continue to explore options to use technology to reduce the burden on individuals.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Question 2**

We are unaware of other sources of similar information available for use by the respondents.

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

This information collection request has no identified impact on small businesses and organizations.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Not collecting this information would inhibit DOC’s ability to meet the mandates of the Safer Federal Workforce Task Force and DOC’s specific established COVID-19 workplace safety protocols.

**7. Explain any special circumstances associated with conducting this information collection.**

There are no other special circumstances involved in the collection of this information.

**8. If applicable, provide a copy and identify the date and page number of publications in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

A 60-day Federal Register Notice was published in the *Federal Register* on February 15, 2022 (87 FR 8561). Comments were received and have been included as part of this OMB package.

The public comments focused on the need to ensure safety of all data we collect which is paramount for all work we do here at the Department of Commerce. All DOC housed data considers best practices of the Federal Risk and Authorization Management Program's (FedRamp) standards found in NIST's Special Publication 800-53: Security and Privacy Controls for Information Systems and Organizations

We solicited views other Federal agencies, and from persons outside the agency on topics including but not limited to: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**9. Explain any decision to provide any payment or gift to respondents, other than renumeration of contractors or grantees.**

No gifts or payments of any kind have been provided to any individuals who are connected to this collection.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy. If the collection requires a system of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.**

This collection is covered under COMMERCE/DEPT-18, *Employees Personnel Files Not Covered by Notices of Other Agencies*, and has an approved privacy statement on applicable forms.

This SORN is available at: https://www.osec.doc.gov/opog/PrivacyAct/SORNs/DEPT-18.html.

Please find our medical form at the link below with the privacy act statement included: [Template - Request for a Medical Exception to the Covid-19 Vaccination Requirement (commerce.gov)](https://www.commerce.gov/sites/default/files/2021-10/DOC_Medical_Exception_Request_Form_Fillable-100621.pdf). The Privacy Act Statement in this form references the System of Records Notice for COMMERCE/DEPT-18, *Employees Personnel Files Not Covered by Notices of Other Agencies*.

The Privacy Act Statement also describes and references confidentiality protections under the Rehabilitation Act of 1973, as amended.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

**11. Provide additional justification for any questions of a sensitive nature.**

The questions included on this form are consistent with OMB’s guidance for requesting a medical exemption.

**12. Provide estimates of the respondent burden hours and labor costs**

**Table - Estimated Annualized Respondent Burden Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Information Collection Instrument** | **Type of Respondent (e.g., Occupational Title)** | **# Of Respondents (a)** | **Annual # of Responses/ Respondent (b)** |  **Total # of Annual Responses** **(c) = (a) x (b)** | **Burden Hours/****Response (d)** | **Total Annual Burden Hours****(e) = (c) x (d)** |
| Part 2 | Medical Provider | 1000 | 1 | 1000 | 10/60 | 166.66 |
|  |  |  |  |  |  |  |
| **Totals** |  |  |  | **1000** |  | **166.66** |

**Table - Estimated Annualized Respondent Labor Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Respondent/ Occupational Title** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden per Response** | **Hourly Wage Rate\*** | **Total Burden Costs** |
| Medical Provider | 1000 | 1 | 10/60 | $55.93 | $9.32 |
|  |  |  |  |  |  |
| **Total** | **--** | **--** | **--** | **--** | **$9321** |

 **\*** [**https://www.bls.gov/bls/blswage.htm**](https://www.bls.gov/bls/blswage.htm)

**13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any burden costs already reflected on the burden worksheet).**

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

**14. Provide estimates of annualized cost to the Federal government.**

**Table – Annualized Costs to the Federal Government**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel** | **Grade/Step** | **Hours** | **Hourly Wage (dollars)** | **Annual Costs (dollars)** |
| **Federal Staff** | Band 3/3 | 1.5 | $73.39 |  $                       7,339.00  |
| **Federal Staff** | Band 3/3 | 1.5 | $73.39 |  $                       7,339.00  |
| **Federal Staff** | ZA-IV | 10 | $76.50 |  $                   39,780.00  |
| **Federal Staff** | ZA-IV | 10 | $81.00 |  $                       8,100.00  |
| **Federal Staff** | GS-14 step 1 | 1.5 | $58.71 |  $                       1,409.00  |
| **Federal Staff** | GS-7 step 3 | 2 | $25.12 |  $                   11,304.00  |
| **Federal Staff** | GS-11 step 2 | 2 | $24.34 |  $                     10,953.00  |
| **Federal Staff** | GS-11 step 2 | 8 | $36.02 |  $                    28,816.00  |
| **Federal Staff** | GS-12 step 1 | 8 | $41.78 |  $                     33,424.00  |
| **Federal Staff** | GS-12 step 9 | 8 | $52.93 |  $                    42,344.00  |
| **Federal Staff** | GS-12 step 1 | 8 | $41.78 |  $                    33,424.00  |
| **Federal Staff** | GS-13 step 3 | 8 | $53.00 |  $                 21,200.00 |
|  **Printing** |  |  |  |  $ 2,000.00 |
| **Estimated Total Annual Cost to the Government** |  **$                   247,432.00**  |

**15. Explain the reasons for any program changes or adjustments reported in ROCIS.**

This is a new information collection.

**16. For collections of information whose results will be published, outline plans for tabulation**

**and publication.**

DOC will not publish the results of this information collection.

However, this data will be provided to the CDC in an aggregate form. Also, the Department is required to report to OMB on the total number of employees who are fully vaccinated, partially vaccinated, requesting reasonable accommodations, or not vaccinated.

**17. If seeking approval to not display the expiration date for OMB approval of the information**

**collection, explain the reasons that display would be inappropriate.**

The OMB Expiration Date will be displayed on every data collection instrument.

**18. Explain each exception to the certification statement identified in “Certification for**

**Paperwork Reduction Act Submissions."**

*The agency certifies compliance with* [*5 CFR 1320.9*](http://www.gpo.gov/fdsys/pkg/CFR-2014-title5-vol3/pdf/CFR-2014-title5-vol3-sec1320-9.pdf) *and the related provisions of* [*5 CFR 1320.8(b)(3)*](http://www.gpo.gov/fdsys/pkg/CFR-2014-title5-vol3/pdf/CFR-2014-title5-vol3-sec1320-8.pdf)*.*