

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. Under the law, employees seeking an exception to the vaccination requirement if they have a medical disability, must complete the form below to request a “medical accommodation” or “medical exception.” Submission of the completed form will be treated as a request for a disability accommodation and evaluated and decided under applicable Rehabilitation Act standards for reasonable accommodation absent undue hardship to the agency. Additional information may be requested if needed to evaluate the request. 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 Department will maintain the confidentiality of any medical information provided, subject to the applicable Rehabilitation Act standards and the Privacy Act of 1974. Employees who receive an exception or a delay from the vaccination requirement will be required instead to 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 Reasonable Accommodation Coordinator or designated point of contact for reasonable accommodation requests.

Privacy Act Statement

Authority: The Department is authorized to collect this information in accordance with federal law, such as the Rehabilitation Act of 1973, as amended (29 U.S.C. 791), Executive Order 13164, and pursuant to 5 U.S.C. chapters 11 and 79, and the functions directed under Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021). The authority for the system of records notices (SORNs) associated with this collection of information include: JUSTICE/DOJ-007, Reasonable Accommodations for the Department of Justice, 67 Fed. Reg. 34955 (May 16, 2002), amended 82 Fed. Reg. 24147 (May 25, 2017); JUSTICE/JMD-025, DOJ Personnel Public Health Emergency Records System, 86 Fed. Reg. 20739 (April 21, 2021); and OPM/GOVT-10, Employee Medical File System of Records, 75 Fed. Reg. 35099 (June 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015). Additional authorities include 5 U.S.C. chapters 33 and 63 and Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980).

Purpose: This information is being collected and maintained to assist the Department in making determinations regarding reasonable accommodation requests and to track such requests.

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 SORNs associated with this collection of information.

Consequence of Failure to Provide Information: Providing this information is voluntary, but failure to provide sufficient information in connection with your reasonable accommodation request may delay DOJ’s ability to grant or make a determination regarding your request.

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request	
Division/Field Office		Unit/Squad	
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:

The Federal Bureau of Investigation (FBI) 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 the FBI in its reasonable accommodation process. If you have questions about completing this form, please contact FBI’s reasonable accommodation program at reasonable_accommoda@fbi.gov.

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 factsheet 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
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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