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 [Vaccinations | Safer Federal Workforce](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 completed form to [emphealthservices@tva.gov.](mailto:emphealthservices@tva.gov)

**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee The information will be maintained in accordance with TVA Systems of Records Notice TVA-9, Health Records, Health Records-TVA. Information you provide may be used in and verified through a computer match.

**Part 1 - To be Completed by the Employee**

**Date of Request**

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| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **EIN** | **Contact Phone Number** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Organization** | **Business Unit** | **Supervisor** |
|  |  |  |

**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** | **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 Tennessee Valley Authority (TVA) 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 TVA in its reasonable accommodation process. If you have questions about completing this form, please contact TVAs reasonable accommodation coordinator at [emphealthservices@tva.gov.](mailto:emphealthservices@tva.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 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:**

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| --- |
|  |

**The condition described above is:** temporary long-term

If this is a temporary condition or medical circumstance, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date provided):

|  |
| --- |
|  |

**Medical Provider Information**

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |