

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.

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; and
3. When both are completed, you must submit the form to your agency's designated point of contact at RA.FORM.13661@IRS.GOV.

Part 1 – To Be Completed by the Employee

Employee name (<i>last name, first name</i>)		Date of request
Employee position title	Business unit Use drop-down or type your business unit name	
Office	Post of Duty (POD)	
Employee telephone number	Employee SEID	
Employee email address	Supervisor name (<i>last name, first name</i>)	

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
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For agency use only (ALERTS #)

Part 2 – To be Completed by the Employee's Medical Provider

Employee name (*last name, first name*)

Medical Certification for COVID-19 Vaccine Exception

Dear Medical Provider: The Internal Revenue Service (IRS) 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 medication 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 the IRS in its reasonable accommodation process. If you have questions about completing this form, please contact the IRS reasonable accommodation coordinator at RA.FORM.13661@IRS.GOV.

In the block that follows below, please provide at least the following information, where applicable:

1. Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement;

2. 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;
3. 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
4. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

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 you provided)

Medical provider signature

Medical provider name/title

Date

If your request is disapproved, you must receive the first dose of the vaccine within two weeks of the disapproval. The decision from the committee/deciding official(s) is final. If you want to pursue other available remedies, you have the right to:

1. **EEO Complaint.** Contact an EEO counselor within **45 days** from the date of receipt of the Deciding Official's written notice of denial; or
2. **Collective Bargaining Claim.** File a grievance in accordance with the provisions of the controlling Collective Bargaining Agreement.

Please note that your decision to file an EEO complaint or a grievance will not stop the Agency from taking disciplinary action for refusing to comply with the Executive Order.

Part 3 – To be Completed by the Agency

☐ Approved

Approval conditions

☐ Disapproved

Reason for disapproval

Deciding Official signature

Deciding Official name/title

Date

Additional information

Privacy Act Statement

Authority: Solicitation of this information is authorized by the Rehabilitation Act of 1973, §§ 501 and 504; Title VII of the Civil Rights Act of 1964, as amended; Executive Order 13164 (July 28, 2000); and Executive Order 14043 (September 09, 2021).

Purpose: The Department of the Treasury is collecting the information to support its review of reasonable accommodation requests. The information provided will help Treasury process requests for medical accommodation or exception to the COVID-19 vaccination requirement due to temporary or long-term condition or medical circumstance. Additionally, the information collected will allow Treasury to track and report the processing of requests for reasonable accommodations Treasury-wide to comply with applicable laws and regulations.

Routine Uses: The information you furnish may be shared in accordance with the routine uses outlined in the Treasury system of records notice .016 Reasonable Accommodations Records.

Disclosure: Providing this information is voluntary. However, failure to furnish the requested information may delay or prevent action on your reasonable accommodation request.