

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Executive Order 14042 required federal contractors and subcontractors to be vaccinated against COVID-19. Employees seeking an exception to the vaccination requirement based on a medical disability should 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 Americans with Disabilities Act (ADA) and Rehabilitation Act standards for reasonable accommodation absent undue hardship to the agency. Additional information may be requested if needed to evaluate the request. Texas A&M System Offices will maintain the confidentiality of any medical information provided, subject to the applicable ADA and Rehabilitation Act standards and the Privacy Act of 1974. Employees who receive an exception 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 may result in legal consequences, up to and including termination.

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 can upload the form on <https://redcap.link/cpefekfq>

If you have any questions or are unable to upload an attachment, you can contact System Offices HR.

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact System Offices Human Resources at SystemOfficesEmployment@tamus.edu (979) 458-6169

Practitioner: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this new law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request
UIN	Department	Work Location
Title	Supervisor	Phone Number
Please describe your job duties		
What is the expected duration of your medical condition?	<input type="checkbox"/> Temporary	<input type="checkbox"/> Long-term
Questions		
<p>1. Briefly describe your disability/medical condition.</p> <p>2. Briefly describe the specific accommodation requested.</p> <p>3. Please explain how your disability or medical condition prevents you from receiving the COVID-19 vaccine, addressing each type available (Moderna, Johnson & Johnson, and Pfizer).</p> <p>4. If permitted an exemption or delay in taking the vaccine, what types of accommodation would enable you to perform your job duties without presenting a risk of transmission to others?</p>		
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 Exemption**

Dear Medical Provider:

Texas A&M System Offices requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order 14042 of the President of the United States. The individual named above is seeking a medical 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 Texas A&M System Offices in its reasonable accommodation process.

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 exempted 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**