

Vaccine Requirement - Religious and Medical Exceptions

Office of Administration <OfficeofAdministration@hud.gov>

Wed 10/13/2021 1:31 PM

📎 2 attachments (372 KB)

RELIGIOUS REQUEST FORM FINAL .pdf; MEDICAL REQUEST FORM FINAL.pdf;

OFFICE OF ADMINISTRATION



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Greetings,

In response to the Executive Order on vaccination requirements, the Safer Federal Workforce Task Force issued updated [COVID-19 Workplace Safety Model Principles](#) which require Agencies to ensure employees are **fully vaccinated by November 22, 2021**, unless they are entitled to a limited, legal exception. Employees are considered [fully vaccinated](#) for COVID-19 two weeks after they have received the requisite number of doses of a COVID-19 vaccine approved or authorized for emergency use by the U.S. Food and Drug Administration, or that has been listed for emergency use by the World Health Organization.

If you would like to submit a request to be considered for a religious or medical exception, you may complete the attached form (if form opens in protected view, select “enable all features” to fill out) and submit it to the appropriate mailbox noted below. We strongly encourage employees to submit requests for an exception **by October 20, 2021**.

- **Medical (disability)** - reasonableaccommodationbranch@hud.gov
- **Religious** - religiousexceptioncovidvaccine@hud.gov

We will respond to your requests as soon as possible. If you have questions, please refer to the [Frequently Asked Questions](#) posted by the Safer Federal Workforce.

Thank you.

U. S. HOUSING AND URBAN DEVELOPMENT
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 to delay 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. Your medical provider must complete Part 2 of this form.
2. When both are completed, you must submit the form to:
reasonableaccommodationbranch@hud.gov.

Privacy Act Statement

Authority: Executive Orders 12107, 12196, and 12564 and 5 U.S.C. chapters 11, 33, and 63. Under Sections 501 of the Rehabilitation Act, as amended, which prohibits discrimination based on mental and physical disability, HUD is authorized to collect this information while reasonably accommodating the known physical or mental limitations of qualified employees or applicants with disabilities.

Principle Purpose: Records in this system of records are maintained for a variety of purposes, which include the following:

To ensure that records required to be retained on a long-term basis to meet the mandates of law, Executive Order, or regulations (*e.g.*, the Department of Labor's Occupational Safety and Health Administration (OSHA) and OWCP regulations), are so maintained.

To provide data necessary for proper medical evaluations and diagnoses, to ensure that proper treatment is administered, and to maintain continuity of medical care.

To provide an accurate medical history of the total health care and medical treatment received by the individual as well as job and/or hazard exposure documentation and health monitoring in relation to health status and claims of the individual.

Routine Uses: Such records shall be disclosed only to a very limited number of officials within the agency, generally only to the agency Medical Review Official (MRO), the administrator of the agency Employee Assistance Program, and the management official empowered to recommend or take adverse action affecting the individual. These records and information in these records may be used:

To disclose information to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease. (Please see System of Record Notice (SORN) for complete list)

Disclosure: Voluntary, however; failure to submit requested information may result in disapproval of request.

SORN ID: <https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-10-employee-medical-file-systems-records.pdf>. (Employee Medical File System Records)

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request	
Department		Division	
Position	Supervisor		Phone Number
Employee Email Address			

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 U.S. Department of Housing and Urban Development (HUD) 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 HUD in its reasonable accommodation process. If you have questions about completing this form, please contact HUD's reasonable accommodation coordinator at: ReasonableAccommodationBranch@hud.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:

The condition described above is:	<input type="checkbox"/> temporary	<input type="checkbox"/> 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 provided)		
Medical Provider Name/Title		
Medical Provider Signature		Date

When both forms are completed, you must submit the forms to:
reasonableaccommodationbranch@hud.gov

4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.

5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.

6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

7. Please provide any additional information that you think may be helpful in reviewing your request.

8. Once completed, submit the responses to the questions and the form to:
religiousexceptioncovidvaccine@hud.gov.

REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT FORM

To Be Completed by the Employee

Employee Name		Date of Request	
Department		Division	
Position	Supervisor		Phone Number
Employee Email Address			
Employee Signature			Date

Privacy Act Statement

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