

**Review Guide:**

The following questions represent critical factors to consider when determining if approving an accommodation (*medical or Title VII (religious or pregnancy)*) to being fully vaccinated for COVID-19 will pose an undue hardship. For medical requests this form will supplement the information and processes outlined in VA Handbook 5975.1. This form is to be used prior to completing VA 0857(f) and or VA 0857(g) in the disability reasonable accommodation process as outlined in VA Handbook 5975.1 and prior to completing VA 10230b in the pregnancy or the religious accommodation process.

The management official (MO)/supervisor reviewing and deciding this request for an accommodation must engage with the employee before making a final decision on the request to include exploring alternatives to the requested accommodation, if applicable. This process should include confirmation that the employee has submitted the documentation as required under VA policy and collective bargaining agreements (e.g., a statement from a health care provider that an immunization would adversely affect the employee's medical condition is sufficient evidence of such a medical condition, or an employee's written or verbal statement that he/she has a sincerely held religious belief that conflicts with the immunization or is an individual affected by pregnancy, childbirth and related medical conditions). For requests based on disability, the MO/supervisor must engage in the interactive process described in VA Handbook 5975.1. It is assumed that an employee who requests an accommodation to being fully vaccinated for COVID-19 understands that they will be required to wear a face mask, physically distance, submit to weekly testing, and follow Government-wide travel restrictions (as indicated in the Safer Federal Workforce guidelines and OMB Memorandum M-21-15), unless granted alternative accommodations. However, the MO/supervisor should confirm that the employee can comply with the safety guidelines or if they are requesting further accommodation(s). If the employee requests accommodations related to these additional safety measures, the request should be addressed as part of the accommodation process.

Employee Name

Position/Duty Location
Work Environment

Indoor or Outdoor Setting: _____ Solitary or Group Setting: _____

Approximate number of people who enter the physical workspace: _____

 Number of exceptions (*medical and religious*) requested in work unit (*to date*): _____

Total similar positions in work unit: _____

 Position description or functional statement is attached and has been reviewed.
Pregnancy/Related Condition:

While pregnancy itself is not considered a disability under the ADA/Rehabilitation Act, employees may have pregnancy-related medical conditions that may qualify as a disability under the ADA. These pregnancy-related disabilities may require employers to provide reasonable accommodation absent undue hardship. Title VII as amended by the Pregnancy Discrimination Act (PDA) requires that individuals affected by pregnancy, childbirth, and related medical conditions be treated the same as others who are similar in their ability or inability to work. Hence, employees who are not vaccinated because of pregnancy or a related condition may be entitled (under either Title VII or the ADA/Rehabilitation Act) to accommodations related to the vaccine mandate, such as a delay in vaccination. The following questions and the undue hardship analysis below are designed to assist supervisors with assessing accommodation/exception requests related to pregnancy.

 YES NO 1. Has the employee stated they are affected by pregnancy, childbirth, or related medical conditions?
(If Yes, proceed to question 2, if No, proceed to question 3.)

 YES NO 2. Does employee have a pregnancy related medical condition that rises to the level of disability? If yes, proceed with process described in VA Handbook 5975.1 and follow requirements outlined therein. Please note that if the request may qualify as a disability, the MO/supervisory must follow the process described in VA Handbook 5975.1. If no, move to questions 3 through 4 and then proceed through the applicable Part A or B analysis. If unsure whether the condition qualifies as a disability, reach out to RAC or OGC for guidance before proceeding.

 YES NO 3. Does the employee need any other non-vaccine accommodations (*i.e., masking or testing*) due to pregnancy or related condition?
If yes, what?

 4. How long is employee requesting and exception to the COVID-19 vaccine requirement for pregnancy, childbirth or related medical condition?

PART A:

This section evaluates whether accommodations/exceptions can be approved in specific positions determined by VHA and VBA where the standard accommodation of masking, maintaining physical distance, testing, and following other required safety protocols is either not possible or does not sufficiently mitigate the safety risk posed. This section is only applicable to the specific positions identified by each administration. When assessing the job functions below, please note the questions apply to any functions, essential or marginal unless otherwise noted. Positions outside of these determinations should follow Part B.

NCA (Proceed directly to Part B.)

VBA (If applicable)

Complete the following questions for employees assigned to one of the following positions: Fiduciary Hub Examiners, Special Adapted Housing Agents and Construction Analysts.

_____ INITIAL MO/Supervisor has reviewed the underlying information provided to MO/supervisors regarding the designation of these high-risk positions.

YES NO 1. Does the employee work in the position designated in their personnel record (*i.e. the position identified on their most recent Standard Form 50*)?

YES NO 2. Does the employee provide direct services to Veterans?

NOTE: If the answer to the above questions is "Yes," please move to the next questions in Part A. If either answer is "No," please proceed to Part B.

YES NO 3. Does the position involve any functions that require the employee to be within 6 feet of Veterans, caretakers, or customers indoors while conducting duties or does the employee work in a position for which functions require close interactive contact with others a vast majority of the duty day? If no, why?

_____ YES NO 4. Can the duties that cannot be accomplished under a risk mitigation plan be reassigned to another employee if not essential? If no, why?

_____ YES NO 5. Can the essential functions of the position be accomplished via telework? If no, why?

NOTE: If the answers to the above questions are "No," the employee cannot be accommodated in their current position, proceed to the next question.

YES NO 6. Can the employee be reassigned or relocated to another position? If no, why? MO/Supervisors should contact their human resources offices to discuss vacancies for reassignment accommodation options (use VA 0857(h) and VA 0857(j) for medical requests).

NOTE: If the answers to the final question is "No," the employee cannot be accommodated. Proceed to Part C.

VHA (If applicable)

Complete the following questions for the following employees: Community Living Center staff; Intensive Care Unit staff; Spinal Cord Injury Departments staff; Emergency Rooms staff; Chemotherapy unit staff (inpatient and outpatient); Dialysis staff (inpatient and outpatient); Staff who perform aerosol generating procedures; Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients); Staff with regular and recurring face to face contact with individuals coming from congregate settings and bedded residential settings (e.g. blind rehab, residential mental health, homeless shelters); Acute inpatient medical/surgical unit staff; Acute inpatient mental health staff; Post-transplant unit staff (inpatient and outpatient).

Note: This list does not include employees whose work takes them in and out of these units but is limited to employees who are permanently assigned to the unit.

_____ INITIAL MO/Supervisor has reviewed the underlying information provided to MO/supervisors regarding the designation of these high-risk positions.

YES NO 1. Does the employee work in the position designated in their personnel record (*i.e. the position identified on their most recent Standard Form 50*)?

YES NO 2. Does the employee provide direct patient care which prevents physical distancing (6 feet as indicated by CDC) as a staff member described above?

NOTE: If the answer to questions 1 and 2 is "Yes," please move to the next questions in Part A. If either answer is "No," please proceed to Part B.

YES NO 3. Can the duties that cannot be accomplished under a risk mitigation plan be reassigned to another employee if not essential? If no, why

YES NO 4. Can the essential functions of the position be accomplished via telework? If no, why?

NOTE: If the answers to questions 3 and 4 are "No," the employee cannot be accommodated in their current position, proceed to the next question.

YES NO 5. Can the employee be reassigned or relocated to another position? If no, why? MO/Supervisors should contact their human resources offices to discuss vacancies for reassignment accommodation options (use VA 0857(h) and VA 0857(j) for medical requests).

NOTE: If the answers to the final question is "No," the employee cannot be accommodated. Proceed to Part C.

PART B:

This section evaluates undue hardship for all requests that do not meet the criteria identified in Part A.

Impact on Patient Care

YES NO 1. Will granting the accommodation negatively impact your ability to provide health care services to Veterans if this accommodation is granted? If so, why?

YES NO 2. Does the employee have direct interactive patient contact as a primary duty or essential function? If so, what is the nature of the direct interactive patient contact, frequency, and duration of contact?

YES NO 3. For VHA Health Care Personnel only, does the employee have recurring interaction with moderately or severely immuno-compromised patients?

YES NO 4. Can the employee deliver effective services within the physical distancing parameters for unvaccinated staff? If no, why?

YES NO 5. Are there additional safety measures that you could provide the employee that make an accommodation viable? *Examples: Volunteers for internal duty section changes that eliminate direct Veteran or family member contact, increased frequency of testing, double masking, extra cleaning, erecting plexiglass barriers, or a reassignment to a position that does not require direct Veteran or family member contact.*

Impact on Benefits Delivery

YES NO 1. Will granting the accommodation negatively impact your ability to provide benefits delivery and services to Veterans and/or their family members? If so, how?

YES NO 2. Does the employee have direct Veteran or family member contact responsibilities? If so, what is the nature, frequency, and duration of contact?

YES NO 3. Can the employee provide effective services within the physical distancing parameters for unvaccinated staff? If not, why?

YES NO 4. Are there additional safety measures that you could provide the employee that make an accommodation viable? *Examples: Volunteers for internal duty section changes that eliminate direct Veteran or family member contact, increased frequency of testing, double masking, extra cleaning, erecting plexiglass barriers, or a reassignment to a position that does not require direct Veteran or family member contact.*

Impact on Mission Readiness

YES NO 1. Will granting the accommodation negatively impact your ability to respond to emergencies? *Examples: Law Enforcement, HVAC, Radiology, Environmental Management Units (housekeeping) etc. All require rapid responses in cases of emergencies. If so, how?*

YES NO 2. Does the employee have indirect contact with Veterans (*i.e., contact with those that care for Veterans such as Administrative/Budgetary/Human Resources staff etc.*)? If so, what is the nature, frequency, and duration of contact?

YES NO 3. Can the employee effectively provide services, perform essential functions, or perform duties of the job within the physical distancing parameters for unvaccinated staff?

YES NO 4. Are there additional safety measures that you could provide the employee than make an accommodation viable? *Examples: Volunteers for internal section changes that eliminate direct employee to employee contact, increased frequency of testing, double masking, extra cleaning, erecting plexiglass barriers.*

Impact on Mission Accomplishment

YES NO 1. Will granting the accommodation negatively impact your ability to meet your organization mission requirements (*i.e., accommodation creates a work stoppage*)? If so, how?

YES NO 2. Can the essential functions of the position be accomplished via telework? If no, why?

NOTE: This decision is not based on a supervisory preference that the employee be on-site but an evaluation of actual mission requirement.

YES NO 3. Can the employee perform the duties with workplace safety protocols for their position in place (*i.e., masking, testing, physical distancing etc.*)?

YES NO 4. Does the position require travel as part of the essential functions?

YES NO 5. Are there additional safety measures that you could provide the employee than make an accommodation viable? *Examples: Volunteers for internal section changes that eliminate direct employee to employee contact, increased frequency of testing, double masking, extra cleaning, erecting plexiglass barriers.*

NOTE: MO/Supervisors use responses to these questions as guide in determining the impact of approving the request for accommodation. MO/Supervisors should contact their human resources/human capital offices, reasonable accommodation coordinators (RAC), and Office of General Counsel (OGC) with accommodation questions as appropriate. The list of RACs can be found at this site: [Reasonable Accommodation Coordinator](#). All decisions to deny an accommodation must be reviewed by District Counsel. A SharePoint site (link below) has been established to submit requests for legal consultation on COVID-19 requests for religious exceptions. If a MO/supervisor is unsure if the request should be approved or denied, they can also utilize this site.

PART C: DECISION

REQUEST DENIED

Rationale for Denying Request (if applicable):

An agency may justify a refusal to accommodate an individual's request only if the agency can demonstrate that the accommodation would cause an undue hardship and there are no other less restrictive alternative accommodations.

NOTE: Prior to being denied, requests for accommodation must include a review for potential reassignment to a vacant funded position for which the employee is qualified before closing out the accommodation request. For medical accommodations, VA 0857(h) and VA 0857(j) should be used to engage the employee on reassignment as an accommodation. If reassignment is not possible the decision denying the accommodation must afford the employee an opportunity to be fully vaccinated before removal for inability to perform the essential functions of the job. All recommendations for denial of religious requests must be reviewed by OGC by submitting information on [OGC Religious Exception Review](#) site. All recommendations for denial of medical requests must be reviewed by appropriate OGC district: [North Atlantic District](#); [Southeast District](#); [Midwest District](#); [Continental District](#); or [Pacific District](#). If an accommodation is denied, the employee has the option to receive their vaccination in accordance with [VA Handbook 5019](#) and VHA Directive 1193.01.

REQUEST APPROVED

Description of Accommodations for Approved Request (if applicable):

Examples of accommodation can be found at [EEO: What You Should Know](#), specifically question K.2. Employees may require accommodation if they are unable to comply with safety guidelines.

NOTICE:

Approvals may be reviewed at a later date if the factors which led to approving the accommodation change. This form is a supplement to the information and processes outlined in VA Handbook 5975.1. This form should be maintained by the supervisor of record.

MO/Supervisor Signature: _____

_____ Date (MM/DD/YYYY):

Disclaimer: **Please note that this form is only for VHA HCP at this time, for additional information see:**
<https://dvagov.sharepoint.com/sites/VACOVACOHR/FO/ChartingTheCourse/sitepages/default.aspx>.