

## **Request for Medical Exemption to COVID-19 Vaccine Requirement Form**

To request a medical exemption from the COVID-19 vaccine requirement, please complete Section 1 below. To facilitate the expeditious resolution of your request, you can have your medical provider complete Section 2 before returning this form to the USOPC at [usopcer@ilgdenver.com](mailto:usopcer@ilgdenver.com). Any terms used in this document that are not defined have the meanings assigned to them in the “COVID-19 Vaccination Requirement” document.

**You must submit this completed form and receive a decision regarding your request for an exemption prior to accessing any USOPC Facilities, attending any internally managed sport activities and/or participating in a USOPC Delegation Event and no later than the earliest deadline set forth below that applies to you.**

- **November 1, 2021:** the USOPC vaccination requirement takes effect and all Covered Individuals must submit proof of full vaccination or receive a vaccination exemption prior to entering any USOPC Facility or participating in an internally managed sport activity or USOPC Delegation Event.
- **December 1, 2021:** the date by which all individuals on the long list for the Beijing Winter Games must submit proof of full vaccination or have received a vaccination exemption in order to participate in that USOPC Delegation Event.
- **December 31, 2021:** all USOPC payroll staff, temporary agency staff, and contractors must be fully vaccinated or received a vaccination exemption by this date. USOPC staff members who do not meet this deadline will have their employment terminated by the USOPC while contractors, vendors and other non-staff members will not be able to access any USOPC Facilities or internally managed sport activities and may have their contracts with the USOPC terminated.

The USOPC will keep confidential any medical information obtained in connection with your request for an exemption.

The USOPC will use the information you provide to understand the medical limitations of your ability to comply with the USOPC’s vaccination requirement and explore potential effective accommodations that might reasonably permit you to safely access USOPC Facilities, attend internally managed sport activities, and/or attend USOPC Delegation Events under the current circumstances despite these limitations, including, for example, regular COVID testing (on a schedule to be determined by the USOPC) and mask and social distancing requirements.

The USOPC makes determinations about requested exemptions on a case-by-case basis after an individualized assessment in each situation. The USOPC strives to make these determinations expeditiously, fairly, and consistently through effective communication with the individual making the request. The information below is intended to help facilitate this process. The USOPC may need to obtain additional information from you or your medical provider during this process, including by requesting additional documentation supporting the need for an exemption.

### **Section 1: To be Completed by Individual**

Name (print):	Date of Request:
Company or Sport (as applicable):	Your Role:
Your Primary USOPC Contact:	Work/Cell Phone:



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I am requesting a medical exemption from the USOPC's COVID-19 vaccination requirement.

I verify that the information I am submitting to substantiate my request for exemption from the USOPC's COVID-19 vaccination requirement is true and accurate to the best of my knowledge. I understand that submitting any false, incomplete, or misleading information can lead to termination of my relationship with the USOPC and/or termination of my opportunity to access USOPC Facilities, attend internally managed sport activities, and/or participate in a USOPC Delegation Event.

I understand that the USOPC is not required to provide me with an exemption if doing so would pose a direct threat to myself or others or would create an undue hardship for the USOPC. I further understand that if I am provided with an exemption, that this applies only to the vaccination requirement and I am still required to follow all other applicable COVID mitigation procedures set forth by the USOPC, as they may be amended from time to time.

Finally, I acknowledge that I have read and understand the terms set forth in the document titled "COVID-19 Vaccination Requirement."

Individual Signature:	Date:
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**To be completed by a parent or legal guardian if the Covered Individual is a minor:**

I represent that I am the parent or legal guardian of the above-named minor and that I am not prohibited by law from acknowledging and agreeing to the above on behalf of the above-named minor.

Parent/Legal Guardian Name:	Date:
Parent/Legal Guardian Signature:	
Relationship to Minor:	

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### Section 2: Medical Certification for Vaccination Exemption

**Note: Providing the medical certification requested in this Section 2 is voluntary at this juncture; however, the USOPC may then request that it be completed and/or may result in denial of your request in the event the USOPC cannot determine whether you are disabled and/or whether your request for an exemption is reasonable, as those terms are used under the Americans with Disabilities Act (“ADA”).**

Dear Medical Provider,

The USOPC has a mandatory COVID-19 vaccination requirement that requires vaccination as a condition of accessing USOPC Facilities, attending internally managed sport activities, and/or participating in USOPC Delegation Events. The individual named above is seeking an exemption to the vaccine requirement due to medical reasons.

Please complete this form to assist the USOPC in assessing and resolving the individual’s request.

<p><b>Are you aware of any medical reason that currently prevents the individual above from receiving a COVID-19 vaccination?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>If yes, describe the medical issue that substantially impairs one or more major life activities that prevents the individual named above from receiving the COVID-19 vaccine:</b></p> 
<p><b>Are there any other medical restrictions we should be aware of when assessing possible accommodations if we are able to grant this individual’s request for an exception to the USOPC’s vaccine requirement (e.g. inability to wear a face mask, etc.):</b></p> 
<p><b>This exemption should be:</b></p> <p><input type="checkbox"/> Temporary, expiring on: _____ or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true, accurate, and based on my best medical judgment and personal treatment of the individual discussed above as a licensed medical professional.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

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**USOPC USE ONLY**

Date of initial request: \_\_\_\_\_

Exemption request:

Approved \_\_\_\_\_

Describe specific details:

\_\_\_\_\_

Denied \_\_\_\_\_

Describe why exemption is denied: \_\_\_\_\_

Date discussed with individual: \_\_\_\_\_

USOPC: \_\_\_\_\_ Date: \_\_\_\_\_