

TO: AMA

FROM: Jeremy J. Thompson

DATE: October 1, 2021

CLIENT
MATTER: 67411-383052

SUBJECT: TSA Form 1133 - Reasonable Accommodation

SECTION IV: MEDICAL INFORMATION / REQUESTED ACCOMMODATION***Describe the medical condition requiring accommodation***

The long-term effects of the COVID-19 vaccines are unknown. Known serious side effects include, but are not limited to, anaphylaxis, blood clots with low platelets, myocarditis, or pericarditis. Further, the Vaccine Adverse Event Reporting System (VAERS) details thousands and thousands of cases where an adverse event, including death occurred, after a person was vaccinated with one of the COVID-19 vaccines.

Notably, the COVID-19 vaccines are technically not vaccines. According to the Center for Disease Control, the definition for "vaccination" was "the act of introducing a vaccine into the body to produce immunity to a specific disease." The Center of Disease Control also defined "vaccine" as "a product that stimulates a person's immune system to produce immunity to a specific disease." The COVID-19 vaccines merely reduce the change of getting a severe case of the coronavirus infection. The COVID-19 vaccines are not 100 percent effective at preventing coronavirus infection as breakthrough infections are prominent.

[DESCRIBE MEDICAL CONDITION]

Briefly describe the specific accommodation requested

I am requesting exemption from Executive Order No. 14043, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees*, which was issued by the President on September 9, 2021.

I will comply with assigned COVID-19 testing requirements and other preventative guidance.

I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from Federal facilities and approved work activities.

I agree to comply with these restrictions and accept responsibility for communicating with supervisors, FAMS Medical and/or human resources as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.

Should I contract COVID-19, I will immediately report it to my supervisor and comply with all isolation and quarantine procedures specified by FAM Medical and/or state and local Departments of Health and remove myself from work, if so advised.

I acknowledge that I have read the [CDC COVID-19 Vaccine Information](#).

I understand and agree to comply with and abide by all Federal Air Marshal Service COVID-19 policies and procedures.

I understand that, if approved, this exemption is provisional based on the current Federal COVID-19 vaccination policy and is subject to change based on new requirements moving forward.

My accommodation will not create an undue hardship but creates at most a de minimus cost in accommodating my medical condition.

JJT: