

**Request for Exemption/Accommodation from COVID-19 Vaccination Policy**

CSX Transportation, Inc. ("CSX") is committed to providing equal employment opportunities without regard to any protected status and one that is free of unlawful harassment, discrimination, and retaliation. As such, CSX is committed to complying with all laws relating to an employee's disability or protecting employees' religious beliefs and practices. When requested, CSX will provide an exemption/reasonable accommodation for employees' disability, medical contraindication or sincerely held religious beliefs and practices which prohibit the employee from receiving a COVID-19 vaccine, **provided the requested accommodation is reasonable and does not create an undue hardship for CSX or pose a direct threat to the health and/or safety of others in the workplace and/or to the employee.**

To request an Exemption/Accommodation related to CSX's COVID-19 vaccination requirement, please complete this form and return it to [AccomodationRequest@csx.com](mailto:AccomodationRequest@csx.com). This information will be used by Human Resources and/or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If an employee refuses to provide such information, such a refusal may impact CSX's ability to adequately understand the individual's request or effectively engage in the interactive process to identify possible accommodations.

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After receiving this form, CSX will contact you to discuss your request and, if necessary, CSX may seek additional information to evaluate your request. It is important for you and CSX to engage in this interactive process together, so please be sure to respond promptly to any communications relating to this request.

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I am seeking an exemption or accommodation from CSX's vaccination policy based upon (*please check all that apply*):

\_\_\_\_\_ My sincerely held religious belief (*please complete Section A below*)

\_\_\_\_\_ My disability or other medical contraindication against COVID-19 vaccination (*please complete Section B below*)

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**SECTION A. REQUEST FOR EXEMPTION BASED UPON RELIGIOUS BELIEF**

Please explain below why you are requesting a Religious Exemption/Accommodation (Use additional paper, if needed):

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Your request must be accompanied by the provided “*Affidavit of Religious Objection to COVID-19 Vaccination*”. In some cases, CSX may need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s).

**If requested, can you provide documentation to support your belief(s) and need for an accommodation?**

\_\_\_ Yes \_\_\_ No

If no, please explain why (Use additional paper, if needed): \_\_\_\_\_

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**Verification and Accuracy**

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the CSX.

Signature: \_\_\_\_\_

**AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION**

\_\_\_\_\_ (Print Name of Employee) personally appeared before the undersigned notary public and swore or affirmed as follows:

- 1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
- 2. I understand that CSX Transportation, Inc. (CSX) requires all employees to be vaccinated and provide documented proof of vaccination against COVID-19.
- 3. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference or inconvenience.
- 4. I understand and accept that, notwithstanding my religious objections, I may be excluded from CSX facilities during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by CSX, and that I may still be required to later receive the vaccination if required by Federal or State law.

I certify that the foregoing is true and correct.  
This \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Employee Signature	Employee ID#

Sworn and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ .

**SECTION B. REQUEST FOR EXEMPTION BASED UPON DISABILITY OR OTHER MEDICAL CONTRAINDICATION TO COVID-19 VACCINATION**

Your request for a medical exemption must be accompanied by the attached Medical Certification for Vaccination Exemption. Please have your medical provider complete and the Medical Certification before returning to CSX.

**Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

CSX, Inc. requires its employees to be vaccinated against COVID-19. The individual named above is requesting an exemption from this vaccination requirement due to medical contraindications. A medical exemption from the COVID-19 vaccine may be allowed for certain medical contraindications.

Please complete this form to assist CSX in the reasonable accommodation process.

**The individual named above should not receive the COVID-19 vaccination for the following reason(s):**

**This exemption should be:**

- Temporary, expiring on \_\_\_\_\_, or when \_\_\_\_\_.
- Permanent.

I certify that the above-named individual has the noted medical contraindication(s), and request exemption from the COVID-19 vaccination for the above-named individual.

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