

**INVOCATION OF RIGHTS UNDER THE  
AMERICANS WITH DISABILITIES ACT (as Amended)**

As an employee of \_\_\_\_\_ (“Employer”) I am disclosing that I am regarded as disabled under the Americans with Disabilities Act. I hereby invoke the protection of the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008, and any corresponding protections under the Rehabilitation

1. I have a physical or mental impairment that substantially limits more than one major life function
2. My impairment is the COVID-19 vaccination (“vaccine”) mandate (“mandate”) and my Employer’s implementation of that mandate.
3. My Employer’s vaccine mandate requires me to take a COVID-19 vaccine and this requirement is accompanied by a coercive and intimidating threat that I will be terminated if I do not take the vaccine, and there is only one FDA approved COVID-19 vaccine - COMIRNATY™.
4. My Employer’s vaccine mandate implementation uses [check all that apply]:
  - intimidation;
  - harassment; [repeated events of coercion, threats, or intimidation]
  - coercion;
  - threats, and/or
  - interference with my rights under the ADA. (of fully informed consent concerning medicine requirements as a mitigation)
5. I have expressed opposition, and/or now express opposition to the mandate, which I consider to be unlawful because it forces me to take a vaccine that **my Employer has not fully and completely disclosed and certified the following information in entirety:**
  - where, specifically, I can obtain the FDA approved COMIRNATY™ vaccine; and/or
  - a complete list of my certain and absolute risks in taking the vaccine; and/or
  - any certain and absolute benefits that the vaccine is guaranteed to provide me; and/or
  - whether or not my Employer has classified my immune system as naturally deficient in providing defense against COVID-19 (any variant); and/or
  - If my Employer has classified my immune system as naturally deficient in providing defense against COVID-19, I have not received any certified information on how my employer decided that my immune system was naturally deficient in this way; and/or
  - whether or not my Employer has an insurable risk in providing me health insurance coverage, and if so, whether that insurable risk covers any injuries or harms I may receive from the vaccine; and/or
  - If I have had COVID-19, my Employer has not provided me with any information that details how the vaccine will affect, either negatively or positively, my naturally developed immune response; and/or
  - If I am injured by the vaccine, whether or not my Employer assumes any liability or provides any insurance coverage for any injuries I may sustain by the vaccine.
6. I demand that my Employer cease and desist in the actions prohibited under 42 U.S.C. §12203 (a) & (b) and 29 C.F.R. §1630.12 (a) & (b), including coercion, intimidation, threats, harassment, or interference with my ADA rights.
7. I demand that my Employer give me full disclosure on the foregoing items, so that I may regain my ability to enjoy my ADA rights free from coercion, intimidation, threats, harassment or interference.
8. **I demand that my employer inform me, along with the other withheld information that allows my full and informed consent, to immediately reveal to me the specific place that is local to me where I can be administered the COMIRNATY™ vaccine, so that I can avoid any accusations of being non-compliant**
9. This is a protected activity under 29 C.F.R. 1630.12(a) & (b).

EMPLOYEE

NAME \_\_\_\_\_

EMPLOYEE

SIGNATURE \_\_\_\_\_

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