Exhibit A

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

ROBERTA LANCIONE, et al., Plaintiffs, v. MASS GENERAL BRIGHAM INCORPORATED, Defendant.	Civil Action No. 1:21-cv-11686

PLAINTIFF QUESTIONNAIRE

Instructions

In completing this Plaintiff Questionnaire, you are under oath and must provide answers to every question that are true and correct to the best of your knowledge. If needed, please attach additional sheets so that all answers are complete, indicating the question number to which the additional information is responsive. You must supplement your responses if you learn they are incomplete or incorrect, or if new information becomes available. The Federal Rules of Civil Procedure, including Fed. R. Civ. P. 26, 33, and 34 and the corresponding Local Rules, apply with full force to this Questionnaire.

Plaintiff's Full Legal Name:_____

Personal Information for Plaintiff

1. Background.

Other Names, Nicknames, and Aliases, if any, and the date(s) of such use:_____
Date of Birth:_____
Complete current address:
a. Street:_____
b. City, State, Zip Code:_____
c. Dates of Residence:_____

2. Employment with a Mass General Brigham ("MGB") Entity.[1]

Entity Name, Position Held in 2021: _____
Direct Manager's name in 2021: _____
Date of Suspension under the Vaccination Policy[2]: _____
Date of Termination under the Vaccination Policy (if any): _____

Vaccination Status and History

COVID-19 Vaccinations.

3. Have you ever received a vaccination for COVID-19? **Yes** ☐ **No** ☐

If yes, please fill out the chart below. Attach a copy of any records of your COVID-19 vaccinations.

Date	**Location Where Vaccination Administered**	**Manufacturer of vaccine**

Adult Vaccination History.

4. For any vaccinations you have received as an adult (*i.e.*, since turning the age of 18), please fill out the chart below. Attach a copy of any records of those vaccinations.

Date	**Type of Vaccination**	**Was the Vaccination Required for Employment? (Indicate YES or NO)**

[1] MGB refers to any member hospital, medical center, or other medically-related organization within the MGB healthcare system.
[2] The "Vaccination Policy" refers to the mandatory employee COVID-19 vaccination policy MGB announced on or about August 10, 2021.

Date	Type of Vaccination	Was the Vaccination Required for Employment? (Indicate YES or NO)

5. Have you tested positive for COVID-19? **Yes ☐ No ☐**

If yes, state the date(s) on which you tested positive. _____

Request(s) for Exemption Under MGB's Vaccination Policy

6. Please indicate which exemption(s) you claim to have requested under MGB's Vaccination Policy (check either that applies or both if you requested both):

Religious ☐ Medical ☐

7. For any exemption request that you claim to have sought under the Vaccination Policy, please identify anybody who assisted you, or any resources you consulted or relied on (including websites)in writing or preparing the exemption request and/or any subsequent submissions in support of the request by filling out the chart below. Attach a copy of any documents concerning that assistance including any drafts of your exemption request(s) or subsequent submissions.

Name of Person, Website, or Other Resource	(If a Person) Current or Last Known Address or (if website) URL	(If a Person) Relationship to You	Type of Assistance or Resource Provided	(If You Paid for This Assistance or Resource) Amount Paid, Date of Payment, and to Whom Paid

8. Please identify any communications you had with MGB employees or any other persons — other than e-mails to or from MGBReligiousExemptions@Partners.org, or PHSOHSCovid19@partners.org— about your exemption request(s) by providing: (a) the person with whom you communicated, (b) the date of the communication, (c) the form of communication (*e.g.*, email, phone call, oral conversation), and (d) the substance of the communication. Use the space below for your answer. Attach a copy of any documents that constitute, reflect, or relate to any communications identified in your answer.

9. Do you contend that you worked for MGB either remotely or under a hybrid in-person/remote arrangement between January 1, 2019 and the date of your termination (or, if you have not been terminated, the present)? Check the option that applies:

Remote ☐ Hybrid ☐
Neither (I worked in person) ☐

10. If you selected either ***remote*** or ***hybrid***, please indicate below during what time period(s) you were remote or hybrid, and identify each instance, between January 1, 2019 and the date of your termination (or, if you have not been terminated by MGB, the present), in which you have been present onsite on the premises of an MGB facility, using the chart provided.

Time periods in which you were remote or hybrid:_____

Date(s)	Name of MGB Entity	Reason/s for Presence on Site

Religious Exemptions.

11. If you indicated above that you sought a ***religious*** exemption, please state the name of the religion, if any, to which you adhered at the time you requested the exemption and when you allege you began adhering to such religion:

_____

12. In the space below, please briefly describe the evidence on which you intend to rely to support your claim that you had a (i) sincere (ii) religious belief that (iii) conflicted with the Vaccination Policy at the time you requested an exemption. Attach a copy of any documents on which you intend to rely.

13. Have you ever previously sought an accommodation from MGB, or any other employer, for the belief(s) or practice(s) you described in your previous answer?

☐ **Yes** ☐ **No**

If yes, please fill out the information in the chart below.

Date of Accommodation Request	**Name of Employer**	**Nature of Accommodation Requested**	**Was the Accommodation Granted? (YES or NO)**	**If YES, Specify Time Period for Which Accommodation Was Granted**

Medical Exemptions.

14. If you indicated above that you sought a ***medical*** exemption, please provide information about any medical conditions for which you claim to have requested an exemption under the Vaccination Policy by filling out the chart below.

Medical Condition	**Date of Diagnosis**	**Treating Healthcare Provider(s) (Include Name and Address)**

15. Do you contend that the medical condition(s) for which you sought an exemption is/are a Centers for Disease Control contraindication to the COVID-19 vaccine? Explain your answer in the space below and attach any documents that support your contention.

_____
_____
_____
_____
_____
_____

16. Do you contend that any of the medical condition(s) for which you sought an exemption substantially limits a major life activity (*e.g.*, seeing, hearing, walking, lifting, speaking)?

☐ **Yes** ☐ **No**

If yes, please explain using the space below. Attach a copy of any documents that support your contention.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

17. Have you ever previously sought an accommodation from MGB, or any other employer, for the medical condition(s) you described in your previous answer?

☐ **Yes** ☐ **No**

If yes, please provide the information about any such accommodations using the chart below. Attach a copy of any documents concerning your prior requests for accommodation.

Date of Accommodation Request	**Name of Employer**	**Nature of Accommodation Requested**	**Was the Accommodation Granted? (YES or NO)**	**If YES, Specify Time Period for Which Accommodation Was Granted**

Social Media.

18. Identify any social media accounts (*e.g.*, Facebook, Instagram, Twitter, YouTube, Whatsapp, TikTok, LinkedIn) or online forums (including but not limited to the comments sections of online publications, websites or social media posts) on which you have discussed your employment with MGB or an MGB entity, or the COVID-19 vaccine or vaccine mandates, by filling out the chart below.

Name of Social Media Platform Or Online Forum	**User Name**	**Date Began Using**

19. For any of the social media accounts or online forums listed above, identify in the space below any statuses, posts, comments, messages, or any other communications you have made in opposition to COVID-19 vaccines or vaccine mandates by stating: (i) the name of the social media platform or online forum, (ii) the date, and (iii) the substance of the status, post, comment, message, or communication. Please provide any copies of the communications you identify in your answer.

Note: to provide copies of any communications identified, you may use "screenshots." Any screenshots of communications should include enough of the status, post, comment, message, or other communication to show the context. For example, a screen shot of a comment should include the content to which the comment responded or related. Any screenshots should be marked with the date and time on which the screenshot was taken. If you provide screenshots in response to this question, you still have a duty to preserve any and all electronically-stored versions of the communications and you may be later asked to provide further information or documents about the communications.

Fact Witnesses

20. Please identify any persons whom you intend to call as witnesses in this action and, for each, state the person's name, address, relationship to you (if any), and a description of the information you believe the person possesses. Use the spaces provided below.

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Relationship:_____
Information they possess:

Name:_____
Address:_____

City:_____ State:_____ Zip:_____
Relationship:_____
Information they possess:

_____
_____
_____
_____

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Relationship:_____
Information they possess:

_____
_____
_____
_____

VERIFICATION

I, _____, declare under the penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided in this Plaintiff Questionnaire is true, complete, and correct to the best of my knowledge, information, and belief, that I have supplied all the documents requested in this Questionnaire, and that I have signed and supplied the authorization attached to this Verification.

Further, I acknowledge that I have an obligation to supplement the above responses if I learn they are incomplete or incorrect, or if new information becomes available.

_____ _____

Signature Date

UNITED STATES DISTRICT COURT
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ROBERTA LANCIONE, et al., Plaintiffs, v. MASS GENERAL BRIGHAM INCORPORATED, Defendant.	Civil Action No. 1:21-cv-11686

MASS GENERAL BRIGHAM INCORPORATED'S REQUESTS FOR ADMISSION

Instructions

These are Requests for Admission pursuant to Fed. R. Civ. P. 36 and Local Rule 36.1. Please admit or deny the admit the truth of the matters set forth below. The Federal Rules of Civil Procedure, including Fed. R. Civ. P. 36 and Local Rule 36.1, apply with full force to these requests. **Important**: Each of the matters of fact for which an admission is requested will be deemed to have been admitted by you unless you respond within 30 days after service of these requests.

Plaintiff's Full Legal Name:_____

1. When working on-site at an MGB entity, it was not always possible for me to remain six feet or more away from every colleague, patient, visitor or member of the public.

ADMIT _____ DENY _____

2. While working at an MGB entity, I have had a patient or patient's family member ask me if I was vaccinated against COVID-19 or express concern about whether staff were vaccinated against COVID-19.

ADMIT _____ DENY _____

3. I understand that masking does not prevent transmission of the COVID-19 virus 100% of the time.

ADMIT _____ DENY _____

4. During my workday when working on-site at an MGB entity, I have removed my mask indoors to eat or drink.

ADMIT _____ DENY _____

5. I understand that it is possible to test negative for the COVID-19 virus one day and be positive the next day, or even two days later.

ADMIT _____ DENY _____

6. I am aware of one or more instances of transmission of COVID-19 (staff to staff, or staff to patient) within an MGB entity that occurred during the period I worked at MGB.

ADMIT _____ DENY _____

7. During my employment with MGB, I understood that all personnel at MGB entities, regardless of whether they have a remote work status, are subject to being called in to the worksite as needed.

ADMIT _____ DENY _____

8. I have been on-site at an MGB entity, on a paid work shift, at least once since January 1, 2019.

ADMIT _____ DENY _____

9. I was redeployed to a position different from my usual position at MGB at least once during the COVID-19 pandemic.

ADMIT _____ DENY _____

10. Putting aside any request for exemption(s) from the COVID-19 vaccine at MGB, I have never asked an employer for any disability accommodation.

ADMIT _____ DENY _____

Plaintiff's Signature:_____ **Date:**_____