

THE EPISCOPAL DIOCESE OF HAWAII

COVID-19 Testing Exception Request Form

The Episcopal Diocese of Hawaii (“Diocese”) mandates its non-clergy employees to get a COVID-19 vaccination. Individuals who are not fully vaccinated must submit to weekly COVID-19 testing that is approved by the Diocese. Such testing may require the use of nasopharyngeal swab, nasal swab, or saliva swab. Please complete this form fully to request a medical or religious exception.

MEDICAL EXCEPTION (to be completed by individual’s provider):

Medical exception from this testing requirement is available to individuals with a qualified medical condition or disability through reasonable accommodation as long as the accommodation does not cause an undue hardship. Please mark the applicable option(s) on this form to request a medical exception for your patient and provide the requested information. If you have any questions, please contact the Diocesan Support Center at 808-_____.

Patient name: _____ Today’s date: _____

OPTION 1: ALLERGY

- A documented history of severe allergic reaction to the use of nasopharyngeal swab, nasal swab, or saliva swab. Please specify how each of the swabs are contraindicated and name the components:

Nasopharyngeal swab—list the component(s) to which your patient is known to have a severe allergic reaction

Nasal swab—list the component(s) to which your patient is known to have a severe allergic reaction

Saliva swab--list the component(s) to which your patient is known to have a severe allergic reaction

- A documented history of severe allergic reaction after a previous use of nasopharyngeal swab, nasal swab, or saliva swab. Please indicate to which swab process the patient had a reaction, reaction details, and the date of the reaction:

Nasopharyngeal swab—date of swab and reaction details:

Nasal swab—date of swab and reaction details:

Saliva swab—date of swab and reaction details:

OPTION 2: DISABILITY/SERIOUS MEDICAL CONDITION OR CIRCUMSTANCE

The physical condition of the patient or medical circumstances relating to the patient are such that the use of the nasopharyngeal swab, nasal swab and/or saliva swab is/are not considered safe due to the patient's disability or serious medical condition. Please state, with sufficient details for independent review, the specific nature and probable duration of the disability or serious medical condition or circumstances that contraindicate use of the nasopharyngeal swab, nasal swab and/or saliva swab. Also, please provide a narrative of the disability or serious medical condition or circumstance in detail that you would opine should provide this individual an exception to the Diocese's COVID-19 testing policy:

ATTESTATION: In support of the above-named patient's request for an exception to CLH's COVID-19 vaccination and testing policy, I certify that my patient has contraindications to the COVID-19 test or a disability or serious medical condition or circumstance that renders the patient's COVID-19 testing unsafe.

Name of Medical Provider (MD, DO, NP, PA): _____

Phone Number: _____

Provider License Number: _____

Provider Signature: _____

(Signature stamps are not acceptable)

RELIGIOUS EXCEPTION (to be completed by employee):

Consistent with federal, state, and local law, the Episcopal Diocese of Hawaii (“Diocese”) provides reasonable accommodation for an individual’s sincerely held religious beliefs, practices, and observances unless providing a reasonable accommodation would result in undue hardship to the business. If you are seeking an accommodation from the COVID-19 testing requirement due to religious reasons, please fully complete this form and return it to the Diocesan Support Center or applicable church or facility of the Diocese. In order to be considered for an exception and an accommodation, you must complete all questions.

We request you complete this form because, in some cases, a person’s religious beliefs may be more subjective than objective. If your religious accommodation is not required by the tenets of a specific religion, the Diocese will need to understand the basis and source of your religious beliefs to reasonably assess whether your request qualifies for a religious accommodation. This is the reason for many of the questions below. The information you provide will allow us to evaluate your request and decide whether we can grant you an exception and an accommodation in this instance. It is possible that more information will be necessary to evaluate your request, and if so, we will follow up with you for more information or documentation. We will inform you once a decision is made on your request.

The Diocese’s Expectations for Cooperation and Honesty:

As COVID-19 continues to significantly challenge our employees, clergy, and congregants, it is more important than ever to work cooperatively with one another. The Diocese respects employee religious and personal beliefs but also expects employees to cooperate as we evaluate exception and accommodation requests, including but not limited to providing true and accurate information in furtherance of accommodation requests. If the Diocese determines employees have failed to cooperate with its reasonable information requests or employees have acted dishonestly in advancing such requests, it may deny the accommodation request and, if appropriate, take disciplinary action including potentially terminating an employee’s employment.

Employee Name: _____

Position: _____

Department: _____

1. Please describe in detail the provision(s) of the Diocese’s COVID-19 vaccination and testing program from which you are seeking an exception and an accommodation and the accommodation you are requesting.

2. Please identify the religious belief, practice, or observance that is causing you to seek the exception and accommodation identified in response to Question No. 1.

3. Please describe the conflict between such religious belief, practice, or observance and the provision(s) of the COVID-19 vaccination and testing program identified in response to Question No. 1.

4. Is the religious belief, practice, or observance you identified in response to Question No. 2 based on an organized religious faith to which you belong, and if so, please describe and identify if the religious faith prohibits you from being tested for COVID-19?

5. If your request for accommodation is not based on an organized religious faith to which you belong, please describe the basis for the religious belief, practice, or observance you have identified in response to Question No. 2.

6. If your request is related to being testing for COVID-19, please answer the following questions:
- a. Have you been tested for COVID-19 previously? If so, please provide the date, location of your test and type of test and swab used and describe why the religious belief, practice, or observance you have identified did not prevent you from getting tested now.

- b. Would submitting to COVID-19 testing now interfere with your ability to practice your religion? If so, please explain.

7. Please describe how the religious belief, practice, or observance you have identified in response to Question No. 2 effects other aspects of your life, such as if it prevents you from receiving certain medical care and/or medical testing.

8. Please describe any workplace changes you are seeking if you do not participate fully in the COVID-19 vaccination and testing program, other than the accommodation request identified in response to Question No. 1.

9. Is there anything else you would like the company to know about your request for accommodation? If so, please provide that information here or attach any documents you wish to provide.

10. Please identify a religious leader, congregant or another individual who can attest to your religious belief, practice, or observance that prevents your being tested for COVID-19.

Employee Acknowledgment: I acknowledge that I have read and understand this request form and that all statements made above are complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that the accommodation requested above may not be granted if I have not identified a religious belief, practice, or observance that conflicts with the Episcopal Diocese of Hawaii's COVID-19 vaccination and testing policy or if the accommodation is not reasonable or imposes an undue hardship.

Date: _____

Signature: _____

Name: _____