

Respirator Fit Testing Program

Exemption/Accommodation Request for Religious Beliefs and Practices

- I have been advised of and understand the requirements for completing a respirator fit test (N95, half face, full face) as per CSA Standard Z94.4-18 Selection, Use and Care of Respirators outlined below.
“Individuals shall present themselves for fit testing free from interference of hair where the respirator seals to the skin of the face or neck. Although the rate of hair growth varies, for many this requires being clean-shaven within the previous 24 or preferably 12 hours to ensure that hair neither infringes on the sealing surface of the respirator nor interferes with valve or respirator function.”
- The Ontario Human Rights Code imposes a duty to accommodate based on the needs of the group of which the person is making the request is a member.

Persons requesting an accommodation have responsibilities which include (but are not limited to) the following:

- Requesting an accommodation.
- Explaining why the accommodation is required.
- Providing notice of this request in writing and allow a reasonable timeline for reply

Ref: Ontario Human Rights Commission Policy on creed and the accommodation of religious observances

- In some cases, in order to review an accommodation request, SJHH will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include documentation from your religious or spiritual leader.

I am not able to comply with the above requirements due to my religious beliefs and practices.

I am requesting an accommodation under the Human Rights Code. The specific religious belief/practice for which I am seeking accommodation is: _____

I understand that it is my responsibility to inform my superior/supervisor of this and to provide any required additional information or documentation to support the accommodation request.

I consent to the release of this information to SJHH administration/credentialling for further review/action.

Name: _____ Signature: _____

Date: _____ Contact #: _____

Position: _____ Dept/Program: _____ Chief/Director Name: _____

REVIEW OF REQUEST

Program/Department Name

Chief/Director Name

Chief/Director Signature

Date

Director, Occupational Health & Safety

Date

Outcome: _____

Reply to requestor: Document attached ___ YES ___ NO

Provided By: _____ Date: _____