Visitor Exemption Requirements Attestation Form

Schedule A

Individuals who are required to Quarantine under Chief Medical Officer of Health (CMOH) Orders 05-2020 and 28-2020 (the Order) may request permission to leave their quarantine on compassionate grounds for the purposes of being present during the final moments of life for a loved one or to support someone who is critically ill and enter an acute care hospital, “health care facility”, or other settings where health system employees, contractors and subcontractors enter to provide care.

This process does not apply if the individual is symptomatic or has COVID-19 as they are no longer in Quarantine and are required under Section 6 of the Order to Isolate.

Prior to signing the Site Visit Authorization Limited Release from Federal Quarantine as required by the Government of Canada, an administrator of a designated site including site administrators of acute care hospitals, “health care facility”, and homeowner/proprietor where health system employees attend must complete the required Safe Visitation Site Approval Checklist as required by the Province of Alberta. This Safe Visitation Site Approval Checklist is available for administrators to download on the AHS.ca website.

Individuals requesting a limited exemption from Quarantine must agree to the following terms prior to the site administrator signing the Site Visit Authorization Limited Release from Federal Quarantine as required by the Government of Canada, which include, but are not limited to:

- You must quarantine as required except when travelling to and from the designated site of a planned compassionate visit.
- You acknowledge there is a risk of exposure to COVID-19 (for self and others) when leaving quarantine due to pre-symptomatic spread.
- Your visit may be delayed or cancelled by the site administrator if the designated site is unable to support the visit due to clinical acuity, outbreak status change or grossly insufficient resources.
  
  Note: “health care facilities” must satisfy the requirements as set out in Record of Decision CMOH Order 29-2020 which states that every effort must be made to facilitate end of life visitation. Visitation should not be cancelled in a “health care facilities” but may be delayed due to outbreak status change or grossly insufficient resources.
- You must assess your health leading up to and on the day(s) of the scheduled visit(s), and if you become aware that you have a confirmed case of COVID-19 or exhibit COVID-19-like symptoms as per paragraph V of the Compassionate Exemption, you must enter Isolation as per Section 6 of CMOH Orders 05-2020 and 28-2020.
- You must travel in private vehicles of which you are the only passenger or, if you are not the only passenger, where possible, be continuously wearing a mask and distanced as much as possible from any other persons in that private vehicle.
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- You will be required to complete a health screening prior to entering the designated site, which could include but is not limited to a temperature check for fever over 38 degrees Celsius.
- You will be given a dated visitor sticker that you must wear each time you visit.
- You will be given personal protective equipment (PPE) which you must wear at all times in the health care facility, including in the room and during the visitation.
- You will only be permitted to go from the entrance, to visit in a designated location and must inform the Unit when your complete each visit. You will leave the building immediately upon completion of each visit.
- If you begin to experience any COVID-19-like symptoms, you will leave the building immediately and notify the site promptly by telephone that you developed symptoms during your visit.
- You will maintain a minimum of 2 metres distancing from every other person, including the individual that you are visiting.
- You will perform hand hygiene when entering and leaving the facility and when entering and leaving the patient’s/resident’s room.

I confirm that I have reviewed these requirements, that I will abide by them and that should I not do so, the Exemption may be terminated.

_________________________________________  ______________________________________
Signature  Date

_________________________________________
Printed Name