

There may be circumstances where a client or patient requires visitation when they are receiving imminent end of life care in a non-acute care hospital or “health care facility” as defined by *Request for Compassionate Exemption – Section 10 – Orders 05-2020 and 28-2020 – Urgent End of Life or Critical Injury or Illness Visitation* in Alberta and where the individual wishing to visit would otherwise be subject to quarantine under Orders 05-2020 and 28-2020. This form is a required part of the exemption process.

In order to ensure that all appropriate precautions have been taken to support safe visitation for an individual seeking an exemption under the process, the following information will need to be confirmed:

Required Information	Specific Information for the Request
The name of the patient/client to be visited	
The location (address) of the patient/client to be visited	
The visit is to see a patient receiving imminent end of life care	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient/client or alternate decision maker has consented to the visit	<i>Attach documentation</i>
The name of the individual seeking permission to visit during their quarantine period	
The contact information for the above individual	
A visitation plan is in place that will document the date and time of arrival for each visit at the patient’s location	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient’s location is supportive of the visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Infection Prevention and Control (IPC) team from AHS, Covenant Health or another health care facility under whose auspices services are being provided confirms that precautions for the patient’s location are in place to facilitate safe visitation which may involve providing PPE at the time of the visit	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____ (name of individual seeking exemption to visit) attest to not being symptomatic and do not display a cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat that is not related to a pre-existing illness or health condition. I agree to follow all required conditions for safe visitation.

Signature

Date

