

The Government of Canada and Alberta Health Services (AHS) have established application processes for individuals wanting an exemption from quarantine or AHS access restrictions to visit a patient/resident who is critically ill or at the end-of-life in an AHS or Covenant site. This form is a required part of the application process.

In order to ensure all appropriate precautions have been taken to support safe site access, the following information will need to be confirmed:

Required Information	Specific Information for the Request
The name of the patient or resident to be visited	
The location of the patient or resident to be visited	
The visit is for a patient receiving critical care for a life-threatening illness or imminent end-of-life care	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient, resident or alternate decision maker has consented to the visit	<i>Attach documentation</i>
The name of the exemption applicant seeking permission to attend a health site during their quarantine period	
The contact information for the exemption applicant	
A plan is in place that will document the date and time of the visit	<input type="checkbox"/> Yes <input type="checkbox"/> No
The unit is adequately prepared to support the visit	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Infection Prevention and Control (IP&C) team confirms that precautions for the unit and healthcare site are in place to facilitate a safe visit which may involve providing personal protective equipment (PPE) and/or an escort at the site entrance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, \_\_\_\_\_ (name of exemption applicant) attest to not displaying a cough, fever, shortness of breath/difficulty breathing, runny nose, sore throat or loss of taste and/or smell that is not related to a pre-existing illness or health condition. I agree to follow all requirements as directed by the site for safe visitation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval:     Yes                       No

If No, what is the rationale for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature\_\_\_\_\_  
Date

Regardless of the decision to approve or not approve, please send an email with the subject line: “Approved or Not Approved Compassionate Visitation” and include this form to each of the following:

AHS Emergency Coordination Centre: [AHS.ECC@ahs.ca](mailto:AHS.ECC@ahs.ca)  
Alberta Health Operations: [AH-Operations@gov.ab.ca](mailto:AH-Operations@gov.ab.ca) ONLY if related to a Federal Exemption

In addition, please send to the Zone Emergency Operations Centre (ZEOC) ONLY for the Zone where the request originates (will be **one** of the following):

North Zone: [PCH.ZEOCNorth@ahs.ca](mailto:PCH.ZEOCNorth@ahs.ca)  
Edmonton Zone: [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)  
Central Zone: [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)  
Calgary Zone: [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)  
South Zone: [ZEOC.South@ahs.ca](mailto:ZEOC.South@ahs.ca)

Note to ZEOC: No action is required; this is for documentation and tracking purposes.