

Daunais McKay + Harms COVID Access Form

Alberta Restriction Exemption Program

Daunais McKay + Harms has made the decision to participate in the Restriction Exemption Program (“REP”) implemented by our Provincial Government. Our decision was made to best protect our clients, staff, and their families during this pandemic, and to further ensure that we are taking all reasonable steps to continue to provide the best possible service to our clients.

If you wish to attend our office, you will be asked for the following information:

1. Proof of Vaccination (in the form of the COVID-19 Immunization Records provided by “MyHealth Records”, the pharmacy, First Nations, or physician immunization record) which prominently displays your name, the type of vaccine and the date of administration; or
2. A valid Government of Alberta Vaccination QR Code (when available); or
3. Documentation confirming a medical exemption in the form of an original signed letter from a physician or nurse practitioner setting out your name, the contact information of the professional signing the letter, a statement indicating that there is a medical reason for the exemption and the duration that the exemption is valid; or
4. Proof of a Negative COVID-19 test result. The test must be a privately paid for COVID-19 PCR or Rapid test that has been completed within 72 hours of your attendance at our office. The test result may not be an Alberta Health Services or Precision Laboratories Test.

If you are not willing or able to comply with the above noted request, we will request that any contact with our office occur by telephone or by video conferencing.

Please note, under the REP rules as we are considered to be an “out of scope” business operator, even with proof of vaccination or a negative COVID-19 test, you will still be required to wear a mask when attending our office.

**FILL OUT THIS MANDATORY QUESTIONNAIRE TO
DETERMINE IF YOU SHOULD BE ENTERING OUR FIRM
TODAY**

Risk Assessment: Initial Screening Questions:

CIRCLE ONE OF “YES” OR “NO” TO EACH QUESTION AND BULLET
BELOW WHERE INDICATED

1. Do you have any of the below symptoms:
 - Fever (greater than 38 degrees) YES NO
 - Cough YES NO
 - Shortness of breath/breathing difficulties YES NO
 - Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea. *Note symptoms in young children may be non-specific – e.g. lethargy, poor feeding YES NO

2. Have you travelled outside of Canada in the last 14 days? YES NO

3. Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever? YES NO

4. Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19? YES NO

5. Have you had laboratory exposure while working with specimens known to contain COVID-19? YES NO

6. If you are an essential worker with appropriate PPE please note your occupation:

**IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE
QUESTIONS OR BULLETS, PLEASE DO NOT ENTER OUR
FIRM AT THIS TIME.**

If you have answered “No” to all the able questions and bullets, please print your name, sign and enter the date below and give the completed questionnaire to our receptionist.

If you are permitted to enter our firm premises, please make sure you sign in and out and practice hand hygiene (i.e. wash your hands for 30 seconds and/or use hand sanitizer) before and after your meeting.

Our goal is to minimize the risk of infection to yourself, our firm and others who attend at our office, and we thank you for your understanding, support, and cooperation.

Name (Printed):

Phone Number:

Signature:

Lawyers Name:

Date:

Time of appointment:

Type of REP Documents Provided:
