COVID 19 PHO/MHO ORDERS

EXEMPTION IN EXCEPTIONAL CIRCUMSTANCES

REQUEST FORM

Date: | Requestor Name:

Facility Name: | Requestor Title:

REQUEST TYPE Select from Drop Down:

Compassionate Visitation (Complete Part A and B)

DOES THE FACILITY HAVE ANY OTHER EXEMPTIONS IN PLACE: **YES** ◯ **NO** ◯

Part A: MUST BE COMPLETED FOR ALL REQUESTS

Describe the Exceptional Circumstances:

Safety Plan to Manage Health Hazard Risks:

Part B: MUST BE COMPLETED FOR ALL COMPASSIONATE VISITATION REQUESTS

Please attach to this request:

- Care Plan
- Goals of Care
- MOST form
- Progress Notes
- Any other supporting documentation

RESIDENT'S NAME	DATE OF BIRTH	DATE OF ADMISSION

NAME OF COMPASSIONATE VISITOR(s)	RELATIONSHIP TO RESIDENT

Resident Diagnosis:

PART C: MUST BE COMPLETED FOR ALL TRANSFERS AND RETURN OF RESIDENTS

Please attach to this request:

- Care Plan
- Goals of Care
- MOST form
- Progress Notes
- Any other supporting documentation

RESIDENT'S NAME	DATE OF BIRTH	DATE OF ADMISSION OR RETURN	ACCEPTING OF TRANSFER FACILITY NAME

PART D: STAFFING

Please attach to this Request:

- Any supporting documentation (i.e. staffing schedule)

NAME	CATEGORY (i.e. employee, contracted)	OCCUPATION	OTHER LTCF OR HEALTH CARE FACILITY

Please note that pursuant to section 54 (1)(h) of the Public Health Act, no VCH MHO will be accepting requests for reconsideration, requests for review or requests for reassessment.

Submit