

Tel (902) 863-1117
Fax (902) 863-5751



January 16, 2024

The following information was released in response to a Freedom of Information request:

RE: Application to Access a Record

Please note that on December 18, 2023 I received the fee to make a complete application for your request pursuant to Part XX of the Municipal Government Act for access to the following information:

Can you Provide a copy of the consent forms or how members of council, employees and contractors were informed on the dangers of the Covid-19 vaccinations?

Can you provide me with a copy of the date's council, employees and contractors records of proof for vaccination were provided to the municipality?

Can you provide me with a schedule of the training received by all employees for masks (safety training) in accordance with the OH&S standards during the Covid-19 Pandemic?

Having conducted a review of municipal records, any applicable records that the municipality has are included in this release. Records have been redacted in accordance with the Municipal Government Act.

Sincerely,

Glenn Horne

CAO



285 Beech Hill Road, Beech Hill, NS B2G 084
Web antigonishcounty.ns.ca
Tel (902) 863-1117
Fax (902) 863-5751

Form for Recording Vaccination Status Consent

You have the option to give your consent to having your vaccination status recorded, such as on a list, for reference by program administrators if you are attending an activity that requires that you show proof of vaccination. You are not required to give your consent to have your vaccination status recorded. If you do not wish to have your vaccination status recorded, you will be required to show your proof of vaccination each time you access the program that you are participating in.

| Consent | |
|--|---|
| l, | , hereby give the Municipality of the Coun |
| of Antigonish permission to collect a COVID-19 vaccination status, for the p | and use by personal health information, specifically n |
| (program/meeting/event) | |
| access and/or participate in non-esse Protocol for Proof of Full Vaccination | r the purpose of determining and verifying my eligibility natial services and activities in accordance with COVID-1 for Events and Activities set out in the Nova Scotia Public collected, used or disclosed without my approval. |
| I understand that, if I wish to withdra- the Municipality of the County of Anti | w this authorization, I may do so at any time by writing gonish. |
| | and I have had the opportunity to ask question and have. By signing below, I consent to these terms. |
| Name:(Please Print) | (Signature) |
| Address: | |
| Date: | |
| | |

Staff List for Covid-19 Vaccination Verification

Council

| Information Consent Form | Completed | | | | | | | | - | _ |
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Staff List for Covid-19 Vaccination Verification

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| Information Consent Form | Completed | | - - - | | | |
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Municipal Office Staff

| Name | Position | Date Policy Compliance Verified | Information Consent Form Completed |
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Staff List for Covid-19 Vaccination Verification

Contractors and Others Entering Staff Areas / Interacting with Public on County's Behalf

| Information Consent Form | completed | | | - | , | |
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