

January 16, 2024

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

**RE: Application to Access a Record**

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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

**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**

I, \_\_\_\_\_, hereby give the Municipality of the County of Antigonish permission to collect and use by personal health information, specifically my COVID-19 vaccination status, for the purpose of my participation in

\_\_\_\_\_  
(program/meeting/event)

This information will be used solely for the purpose of determining and verifying my eligibility to access and/or participate in non-essential services and activities in accordance with COVID-19 Protocol for Proof of Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not be otherwise collected, used or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the Municipality of the County of Antigonish.

I have read and understood this form, and I have had the opportunity to ask question and have had them answered to my satisfaction. By signing below, I consent to these terms.

Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_







Staff List for Covid-19 Vaccination Verification

Municipal Office Staff

Name	Position	Date Policy Compliance Verified	Information Consent Form Completed
Redacted under	480(2)(f) of the MGA		
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Staff List for Covid-19 Vaccination Verification

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

Name	Position	Date Policy Compliance Verified	Information Consent Form Completed
Redacted	under 480(2)(t) of the MCA		Completed
Redacted	under 480(2)(f) of the MCA		
Redacted	under 480(2)(f) of the MCA		
Redacted	under 480(2)(t) of the MCA		
Redacted	under 480(2)(t) of the MCA		
Redacted	under 480(2)(f) of the MCA		

Redacted under 480(2)(t) of the MCA