

This declaration is for anyone who is required to attend a disciplinary hearing.

Once completed, this declaration form must be forwarded by email to [greffes@oaciq.com](mailto:greffes@oaciq.com). It will be kept on the Discipline Committee's record see the [Discipline Committee's guidelines on the holding of face-to-face disciplinary hearings](#).

If you answer «yes» to one of the following questions, you will not be able to attend a face-to-face hearing.

**An isolation period of at least 5 days (10 days for people who are not fully vaccinated) is recommended by Quebec Public Health as of the date you had a high-risk contact with a person infected with COVID or from the date you tested positive for COVID-19. Public Health Canada imposes a 14-day quarantine period as of the date of arrival for all non-fully vaccinated travellers entering Canada from abroad.**

## FOR PARTICIPANTS

As a participant, you undertake to comply with the instructions that will be given by the hearing clerk and the Discipline Committee while you are on the premises of the Discipline Committee. Be aware that any failure to comply with these instructions will result in an immediate interruption of your participation. You may be asked to leave the premises.

1. Have you travelled outside of Canada in the past 14 days?  
Yes                      No
2. Have you been in contact inside (in a closed area, without the mask being worn by one of the persons), in the past 5 days (10 days for people who are not fully vaccinated), with a person infected with COVID-19?  
Yes                      No
3. Have you had cold or flu symptoms in the past 10 days?  
(Fever, cough, sore throat, difficulty breathing, sudden loss of smell)  
Yes                      No
4. Have you tested positive for COVID-19 within the past 5 days (10 days for people who are not fully vaccinated)?  
Yes                      No

Last name and first name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Hearing date: \_\_\_\_\_ File number: \_\_\_\_\_

Signed in: \_\_\_\_\_ on: \_\_\_\_\_

**Checking this box replaces your signature and confirms that the information contained in this form is valid.**

This information is requested to ensure sound management of the hearings and will be treated confidentially.