

# TEMPORARY EXEMPTION REQUEST FOR PASSENGERS DUE TO ESSENTIAL MEDICAL SERVICES OR TREATMENT

#### A. Instructions for Passengers

The person requesting a temporary exemption must submit a completed copy of this form in its entirety to the carrier/operator. All pages must be reviewed and completed by the person to be exempted and/or the requester, as well as by the required medical doctor or nurse practitioner.

This exemption form must be completed in full and submitted to the carrier/operator for approval prior to departure in accordance with the operator's requirements (up to 2 weeks in advance). Passengers may also be asked to provide the completed exemption form any time Proof of Vaccination is required (e.g. at time of booking, at check-in, before boarding, etc.). Please consult specific carrier/operator instructions when booking your travel. Carriers/Operators will approve exemptions at their sole discretion.

In addition to any other accommodation measures that could be required by the carrier/operator, passengers with an approved temporary exemption will also need to present to the carrier/operator results of COVID-19 molecular test taken:

- Within 72 hours of the passenger's scheduled departure time, where the result is negative, or
- At least 10 days before but not more than 180 days prior to the traveler's scheduled departure time (traveler eligible to travel on day 11), where the result is positive.

#### B. Person To Be Exempted

First Name:	Last Name:		
First Name.	Last Name:		
Civic Address:			
Has a previous temporary exem	ption request been made for this person? (yes/no)		
If yes, please provide details (date, name of carrier/operator)			
Was the temporary exemption a	pproved? (yes/no)		
C. Requester's Information			
If the requester is different than	the person to be exempted, please complete the following:		
First Name:	Last Name:		

. Travel Information	
Please provide the following travel	details for the person for which a temporary exemption is requested:
Date of Departure:	Departure City/Airport
Destination:	
Travel code (flight/train number, ve	essel name)
Confirmation by Canadian Med Doctor Or Nurse Practitioner	ical
l,	(full name of medical doctor or nurse practitioner), hereby confirm
that the person to be exempted ab	ove is travelling for the purpose of obtaining essential medical services
or treatment, as briefly described.	
Date(s) of appointment for which tr	ravel is required
( ) 11	•
Name and civic address of medica	al facility:
Does this passenger require an es	scort/companion traveller? □ Yes □ No
Name of escort/companion travelled	er
Signature:	Full Name:
Date:	Civic Address:
Provincial/Territorial Certificate/Lic	ense Number:

#### F. Requester's Attestation

The following is to be completed by or on behal	f of the person requesting a temporary exemption:		
I hereby certify that I am/or the person for which a request is made to travel for the purposes of obtaining essential medical services or treatment:			
Signature:	Full Name:		
Date:	Civic Address:		

## G. Acknowledgement - False Or Misleading Information

I acknowledge that it is an offence under section 366 of the <u>Criminal Code</u> to make a false document, knowing it to be false.

As per the applicable Transport Canada Order, a person who provides information to a carrier/operator that is known to be false or misleading may also be subject to an administrative monetary penalty or other enforcement action, including prosecution.

#### H. Personal Information

Your privacy is important. Personal information you provide in this form will be used for the purposes of determining the qualification of the person identified on this form for temporary exemption from the requirements of the applicable Transport Canada Order. Please note that the Carrier/Operator is subject to applicable privacy legislation with respect to the handling of your personal information. The personal information in this form may be provided to and used by Transport Canada for the purpose of audit and enforcement. The Minister of Transport may collect this personal information pursuant to the applicable legislation, under the Aeronautics Act, Railway Safety Act or Canada Shipping Act, 2001.

### I. Exemption Authority Statement

Please note that any temporary exemption granted in accordance with the applicable Transport Canada Order is only for the purposes of travel within or out of Canada. Any traveller entering Canada by any mode is still subject to all border entry requirements including quarantine requirements imposed under the Quarantine Act.