TEMPORARY EXEMPTION REQUEST FOR PASSENGERS DUE TO MEDICAL INABILITY TO BE VACCINATED

A. Instructions for Passengers

The person requesting a temporary exemption due to medical inability to be vaccinated 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 3 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:

- a 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.

or

- a professionally administered or observed antigen test taken:
 - No more than 1 calendar day before the passengers scheduled departure time, where the result is negative

B. Person To Be Exempted

Please provide the following concerning the person for which a temporary exemption is requested:
First Name: Last Name:
Civic Address:
Has a previous temporary exemption request been made for this person? (yes/no)
If yes, please provide details (date, name of carrier/operator)
. <u>.</u>
Was the temporary exemption approved? (yes/no)

C. Requester's Information	
If the requester is different than the perso	on to be exempted, please complete the following:
First Name:	Last Name:
Civic Address:	
D. Travel Information	
Please provide the following travel detail	s for the person for which a temporary exemption is requested:
Date of Departure:	Departure City/Airport
Destination:	
Travel code (flight/train number, vessel r	name)

Exemption Letters	Medical Notes			
If the person has a P	rovincial/Territorial e	exemption letter, please complete box E, but not F.		
	a medical doctor or /?	emption <u>letter</u> or <u>credential</u> from a Province O nurse practitioner licenced to practice in nox <i>F. If Yes, move to box G.)</i>	Yes	O No
Name of Province/Te	rritory			
Date of Medical Exer	nption Letter or Crea	dential (yyyy/mm/dd):		
	me of Physician/Nu	se Practitioner/Public Health Unit):		

	mation by Canadian Medical r Or Nurse Practitioner
I,	(full name of medical doctor or nurse practitioner), hereby co
that the	person to be exempted above is unable to be vaccinated due to one of the following reasons:
	Certified medical contraindications to full vaccination against COVID-19 with an mRNA vaccine based on the recommendation of the <u>National Advisory Committee on Immunization</u> . The follow are certified medical contraindications as of October 22, 2021:
	 (i) A history of anaphylaxis after previous administration of an mRNA COVID-19 vaccine noting that most people who experienced a severe immediate allergic reaction after a dose of an mRNA COVID-19 vaccine can safely receive future doses of the same or another mRNA COVID-19 vaccine after consulting with an allergist or another appropr physician); and/or
	(ii) A confirmed allergy to polyethylene glycol (PEG) which is found in the Pfizer-BioNTecl and Moderna COVID-19 vaccines (Note that if a person is allergic to tromethamine wh is found in Moderna, they can receive the Pfizer-BioNTech product).
Condit	ion is (circle one): Permanent Temporary (<i>expected recovery date</i>)
	Medical reasons for delay of full vaccination against COVID-19 as described by the National Advisory Committee on Immunization. As of October 22, 2021, this may include:
	(i) A history of myocarditis/pericarditis following the first dose of an mRNA vaccine; and/o
	(ii) An immunocompromising condition or medication that requires waiting to vaccinate which immune response can be maximized (i.e., waiting to vaccinate when immunocomprom state or medication is lower).
	A medical condition precluding full vaccination against COVID-19 (not covered above), as brie described. For privacy reasons, please only include information related to why the medical condition precludes full vaccination.
Condit	ion is (circle one): Permanent Temporary (<i>expected recovery date</i>)
Signatu	re: Full Name:

G. Requester's Attestation

The following is to be completed by or on behalf of the person requesting a temporary exemption:

I hereby certify that I am/or the person for which a request is made is unable to be vaccinated due to a medical condition:

Signature: _____ Full Name: _____

Date: ____

Civic Address: _____

H. Acknowledgement - False Or **Misleading Information**

I acknowledge that it is an offence under section 366 of the Criminal Code 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.

I. **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.

In the event that any personal information is provided to Transport Canada, it will only be used and disclosed by Transport Canada in accordance with the Privacy Act and its regulations. The personal information collected, as well as its use, disclosure and retention is described in the personal information bank numbered TC PPU 015, for civil aviation, and other applicable personal information banks ("PIB") for other modes of transportation, which are currently being developed and/or modified, and will be published on Transport Canada's Info Source page (https://tc.canada.ca/en/info-source). In the interim, please visit the following website for more information: COVID-19 information for travellers within Canada. Under the provisions of the Privacy Act, individuals have the right of access to, correction of and protection of their personal information. Instructions for obtaining personal information are provided in Info Source, a copy of which is available in major public and academic libraries or online at http://www.infosource.gc.ca. Individuals who wish to exercise their right to complaint under the Privacy Act about the handling of their personal information may do so by filing a complaint with the Office of the Privacy Commissioner. For information on how the Carrier/Operator processes your personal information, please visit their applicable privacy policy or contact them directly.

J. 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.