

## COVID-19 VACCINE EXEMPTION REQUEST DUE TO ESSENTIAL MEDICAL SERVICES OR TREATMENT

#### **Instructions for quests**

The person requesting a temporary exemption must submit a completed copy of this form in its entirety to WestJet. All pages must be reviewed and completed by the guest 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 WestJet for approval 2 weeks in advance to travel. Guests 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.).

Guests with an approved temporary exemption will also need to present to WestJet results of COVID-19 molecular test\* taken:

- Within 72 hours of date and departure time, where the result is negative, or
- At least 14 days before but not more than 180 days prior to the guest's scheduled departure time (guest eligible to travel on day 15), where the result is positive.

Submission of this form indicates consent to WestJet's Privacy Policy. Other documentation may be required for travel entering or exiting an international destination.

\*Accepted molecular tests include:

- · PCR-Polymerase chain reaction
- NAT/NAAT-Nucleic acid amplification test
- RT-LAMP-Reverse Transcription loop-mediated isothermal amplification

## WestJet Medical Desk

Email: meddesk@westjet.com

Fax: 1-866-737-1202

This form is fillable and includes fields that you can edit before you print and sign. You can also print this form and complete it by hand. Please be sure to print legibly to avoid processing delays.

Fees for completion of this form are the responsibility of the guest/patient.

Please note: incomplete forms will not be reviewed. Completed forms must be sent to WestJet's Medical Desk via email to meddesk@westjet.com or fax at 1-866-737-1202.



GUEST TO BE EXEMPTED				
Last name (provide name exactly as shown on trav	el identification)	First name	Middle name	
Birthdate MM/DD/YYY	Y <b>Gender</b> Fema	ıle	Male	
E-mail			Contact number	
Address			Town/City	
Province/State Postal	code/ZIP	Country		
WestJet OP Number (only if you have had a previous accon	nmodation approval)	WestJet ID (a	optional but will aide in our provision of some services)	
ALTERNATE CO	ONTACT/RE	QUESTER	'S INFORMATION	
Please provide an alternate contact (a parent themselves. The alternate contact may speak this application.			f guest is a child or cannot advocate for o questions and will have access to the result of	
First name	t name Last name			
Relationship to guest				
Address			Town/City	
Province/State Postal	code/ZIP		Country	
E-mail (if different than guest's)			Contact number (if different than guest's)	



		TRAVEL INFORM	ATION		
Please provide the fo	ollowing travel d	etails for the guest for which a to	emporary exemption is requested.		
Date of departure MM/DD/YYYY		Departure city/airport	Destination	Destination	
Travel code (itinerary I	PNR number)		Estimated return date	MM/DD/YYYY	

# CONFIRMATION BY A MEDICAL DOCTOR OR NURSE PRACTITIONER PRACTICING IN CANADA

r,	ctitioner)	that the person to be exe	mpted above is travell	ing for the
Date(s) of appointment for which travel is	s required			
Name and address of medical facility whe	ere treatment is to take plac	e		
Does this passenger require an escort/co	mpanion traveller?	No	Ye	S
If yes, name of escort/companion travelle	er			
Signature		Full name		
Provincial/Territorial Certificate/License N	Number		Date	MM/DD/YYYY
Address		Town/City		
Province	Postal code	Country		
Physician office stamp required				
			2	064



Guest name		

#### REQUESTER'S ATTESTATION

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			Date	MM/DD/YYY
Full name				
Address		Town/City		
Province/State	Postal code/ZIP	Country		

## 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.

# 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.

### **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.