



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

**Instructions for guests**

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 practicing in Canada.

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 WestJet with proof of a valid COVID-19 test taken at the appropriate interval before departure. Guests must be able to present this proof to WestJet agents throughout their travel journey. For more information about what is a valid COVID-19 test, please visit our [Get Travel Ready hub](#) at [www.westjet.com](http://www.westjet.com).

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

**WestJet Medical Desk**

Email: [meddesk@westjet.com](mailto: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](mailto:meddesk@westjet.com) or fax at 1-866-737-1202.



Guest name

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**GUEST TO BE EXEMPTED**

Last name *(provide name exactly as shown on travel identification)*

First name

Middle name

Birthdate

MM/DD/YYYY

Gender

Female

Male

E-mail

Contact number

Address

Town/City

Province/State

Postal code/ZIP

Country

Westjet OP Number *(only if you have had a previous accommodation approval)*

Westjet ID *(optional but will aide in our provision of some services)*

**ALTERNATE CONTACT/REQUESTER'S INFORMATION**

Please provide an alternate contact (a parent, guardian or decision maker) if guest is a child or cannot advocate for themselves. The alternate contact may speak on guest's behalf for follow up questions and will have access to the result of this application.

First 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 INFORMATION**

Please provide the following travel details for the guest for which a temporary exemption is requested.

<b>Date of departure</b>	MM/DD/YYYY	<b>Departure city/airport</b>	<b>Destination</b>
<b>Travel code</b> <i>(itinerary PNR number)</i>		<b>Estimated return date</b>	MM/DD/YYYY

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

I, \_\_\_\_\_, hereby confirm that the person to be exempted above is travelling for the  
*(full name of medical doctor or nurse practitioner)*  
 purpose of obtaining essential medical services or treatment, as briefly described.

**Please describe the essential medical service or treatment the patient is to receive**


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**Date(s) of appointment for which travel is required**


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**Name and address of medical facility where treatment is to take place**


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<b>Does this passenger require an escort/companion traveller?</b>	No	Yes
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**If yes, name of escort/companion traveller**

<b>Signature</b>	<b>Full name</b>
<b>Provincial/Territorial Certificate/License Number</b>	<b>Date</b>
MM/DD/YYYY	
<b>Address</b>	<b>Town/City</b>
<b>Province</b>	<b>Postal code</b>
	<b>Country</b>

**Physician office stamp required**

**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/YYYY

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 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.

**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.

**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.