



**GUEST REQUEST FOR TEMPORARY EXEMPTION:
COVID-19 NON-VACCINATION BASED ON RELIGIOUS GROUNDS**

This form must be completed in its entirety by WestJet/Swoop guests seeking a temporary exemption on religious grounds with respect to Transport Canada's Covid-19 vaccination requirement. All pages must be reviewed and completed by the person to be exempted and/or the requester, as well as by the required Commissioner of Oaths. Incomplete exemption requests will not be considered. **This form must be completed in full and submitted to the WestJet Group for approval no less than 21 days prior to departure.**

Approved temporary exemptions are valid for a three month period with WestJet or Swoop. Guests are required to submit a new request for a temporary exemption on religious grounds for any new trips beyond this period. Approved temporary exemptions are applicable on WestJet and Swoop flights only, and do not extend to travel with any other airline. WestJet and Swoop guests are responsible for keeping their own record of any approved exemptions, and must carry a copy of WestJet's approval, together with this completed form, for the duration of their trip.

This form is interactive. You can type your information into the form and then print before you sign. If you fill it in by hand, be sure to print legibly; this will help avoid processing delays. Submit completed forms to WestJet by e-mail to religious.exemption@westjet.com.

WestJet approves exemptions at its sole discretion. WestJet's decision to approve or decline an exemption request is final and not subject to appeal. Please note that WestJet or Swoop does not provide refunds for trips cancelled because of an accommodation request that is not approved.

Fees for vaccination exemptions, including any costs associated with the services of a Commission of Oaths or for obtaining a Covid-19 molecular test, are the responsibility of the applicant.

GUEST AND TRAVEL INFORMATION

Last name <i>(provide name exactly as shown on travel identification)</i>			First name		Middle name	
Birthdate MM/DD/YYYY		Gender				
		Female		Male		
E-mail				Contact number		
Address				Town/City		
Province/State		Postal code/ZIP		Country		
Existing WestJet OP Number <i>(if you had a previous accommodation approval)</i>			WestJet Rewards ID <i>(optional but will aid in our provision of some services)</i>			
Intended date of travel MM/DD/YYYY		Flight origin		Flight destination		

PREVIOUS EXEMPTION REQUESTS

Has a previous temporary exemption request been made for this person on WestJet or any other carrier/airline?

No

Yes

If yes, please provide details.

Date	MM/DD/YYYY	Name of carrier/airline
------	------------	-------------------------

Was the temporary exemption approved?

No

Yes

REQUESTER INFORMATION

Complete if requester is different than person seeking temporary exemption.

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

First name

Middle name

E-mail

Contact number

Address

Town/City

Province/State

Postal code/ZIP

Country

PRIVACY AGREEMENT

I, _____, consent to the collection and retention of the personal information on this form and contained in any documentation I have provided for the purposes of adjudicating my exemption request and facilitating travel, with the understanding that this information will be kept confidential in accordance with WestJet's Privacy Policy.

CONDITIONS OF ACCOMMODATION

I, _____, understand that if approved, Westjet will provide appropriate accommodations to me. I agree to abide by the terms of any religious accommodation, including a requirement that I present Westjet with Covid-19 molecular test results taken:

- Within 72 hours of my scheduled departure time, where the result is negative, or
- At least 14 days before but not more than 180 days prior to my scheduled departure time, where the result is positive

I, _____, understand that any accommodation provided by Westjet is for the purpose of travel within or out of Canada, and I will still be subject to all border entry requirements including quarantine requirements imposed under the *Quarantine Act*.

QUESTIONNAIRE

Please note that leaders and members of a number of religions and religious denominations (Islam, Roman Catholic, Judaism, Greek Orthodox, Mennonites, Jehovah's Witnesses, Christian Science) have released public statements indicating their support of COVID-19 vaccines in the interest of public health.

With what religion/religious denomination do you identify?

Describe how you are a practicing member of this religion/religious denomination

Explain the connection between your religious beliefs and your inability to receive a Covid-19 vaccine

What specific religious beliefs or authorities do you rely upon to demonstrate that your religion/religious denomination precludes you from receiving a Covid-19 vaccine?

Do your religious beliefs preclude you from receiving other vaccines or medications? If yes, please provide examples. If no, please explain why not.

Can you provide documentation from religious leaders or other practitioners of your faith that explain the connection between your religious beliefs and your objection to the vaccine, and the accommodation you are seeking? If yes, please attach documentation. If no, please explain why documentation cannot be provided.

DECLARATION

I hereby make oath or solemnly affirm and say:

- I am unable to be vaccinated against Covid-19 because of my sincere religious belief;
- I am requesting a temporary exemption from Transport Canada's requirement to be fully vaccinated for air travel, on the basis of religion;
- The information provided in support of this application is accurate and truthful;
- I acknowledge that it is an offence under section 131 of the Criminal Code to make a false statement under oath or solemn affirmation, knowing that the statement is false; and
- I acknowledge that it is an offence under section 366 of the Criminal Code to make a false document, knowing it to be false.

Signature		Full name
Date	MM/DD/YYYY	Location

SIGNATURE OF COMMISSIONER OF OATHS

SWORN or SOLEMNLY AFFIRMED before me at *(Municipality)*

In *(Province or State, Country)*

On *(date)*

Signature	Full name
-----------	-----------