

**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 (21 days 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 14 days before but not more than 180 days prior to the traveler's scheduled departure time (traveler eligible to travel on day 15), where the result is positive.

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)

Was the temporary exemption approved? _____(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:

Civic Address: _____

D. 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, vessel name) _____

E. Exemption Letters/Medical Notes

*If the person has a Provincial/Territorial exemption letter, please **complete box E, but not F.***

Does the person possess a medical exemption **letter** or **credential** from a Province or Territory, or from a medical doctor or nurse practitioner licenced to practice in Province or Territory? Yes No

(If No, move to box F. If Yes, move to box G.)

Name of Province/Territory _____

Date of Medical Exemption Letter or Credential (yyyy/mm/dd): _____

Issuing Authority (Name of Physician/Nurse Practitioner/Public Health Unit): _____

F. Confirmation by Canadian Medical Doctor Or Nurse Practitioner

I, _____ (full name of medical doctor or nurse practitioner), hereby confirm 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, as based on the recommendation of the [National Advisory Committee on Immunization](#). The following are certified medical contraindications as of October 22, 2021:

- (i) A history of anaphylaxis after previous administration of an mRNA COVID-19 vaccine (and noting that most people who experienced a severe immediate allergic reaction after a first 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 appropriate physician); and/or

- (ii) A confirmed allergy to polyethylene glycol (PEG) which is found in the Pfizer-BioNTech and Moderna COVID-19 vaccines (Note that if a person is allergic to tromethamine which is found in Moderna, they can receive the Pfizer-BioNTech product).

Condition is (circle one): Permanent | Temporary (*expected recovery date*) _____

- 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/or
 - (ii) An immunocompromising condition or medication that requires waiting to vaccinate when immune response can be maximized (i.e., waiting to vaccinate when immunocompromised state or medication is lower).
- A medical condition precluding full vaccination against COVID-19 (not covered above), as briefly described. For privacy reasons, please only include information related to why the medical condition precludes full vaccination.

Condition is (circle one): Permanent | Temporary (*expected recovery date*) _____

Signature: _____ Full Name: _____

Date: _____ Civic Address: _____

Provincial Certificate/License Number: _____

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 of 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.

K. Notification of Approval/Refusal

Please provide the following information for the person for which a temporary exemption is requested.

Upon receipt of a request for temporary exemption, the information provided will be reviewed by a designated representative for the air carrier/operator. Notification of either approval or refusal will be provided to the person requesting the exemption prior to the date of travel. **The travelling passenger must carry this completed exemption form with them during their travel journey and must accompany a valid COVID-19 molecular test result.**

Preferred Method of Notification (Provide one or both):

Email Address: _____

Phone Number: _____

L. Confirmation of Approval

The following is to be completed by a designated representative for the air carrier/operator.

I hereby certify that _____ has met the requirements to receive a temporary exemption from vaccination to travel under the Federal Vaccine Mandate.

Signature: _____ Full Name: _____

Date of Approval: _____ Name of Carrier: _____