



TEMPORARY EXEMPTION REQUEST FOR PASSENGERS DUE TO ESSENTIAL MEDICAL SERVICES OR TREATMENT

A. INSTRUCTIONS FOR PASSENGERS

The person requesting a temporary exemption must submit a completed copy of this form in its entirety to the Air Canada medical assistance desk at acmedical@aircanada.ca. All pages must be reviewed and completed by the person to be exempted and/or the requester, as well as by the required Canadian medical doctor or nurse practitioner.

This exemption form must be completed no later than 14 days prior to time of departure and for each One return trip within Canada, or one one-way trip from Canada. 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.) and must retain it with them at all times. Air Canada will approve or deny exemptions requests on the basis of Government of Canada guidance.

In accordance with Transport Canada regulations, passengers who are approved with a temporary exemption will need to present to Air Canada at time of boarding results of a COVID-19 molecular test taken (PCR, NAT, NAAT, LAMP) within 72 hrs or a negative antigen test within one calendar day prior to boarding.

Alternatively one may present a positive molecular test result dated 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.

B. PASSENGER TO BE EXEMPTED

Please provide the following concerning the passenger for which a temporary exemption is requested, using the exact name as stated on the booking:

FIRST NAME		LAST NAME	
ADDRESS		UNIT OR APARTMENT	
TOWN OR CITY	PROVINCE	POSTAL CODE	
COUNTRY OR REGION	EMAIL	TELEPHONE	
Has a previous temporary exemptions request been made for this person?			
If yes , please provide details:	DATE	NAME OF CARRIER OR OPERATOR	
Was the temporary exemption approved?			



C. REQUESTER'S INFORMATION

If the requester is different than the passenger to be exempted, please complete the following:

FIRST NAME		LAST NAME	
ADDRESS			UNIT OR APARTMENT
TOWN OR CITY		PROVINCE	POSTAL CODE
COUNTRY OR REGION			
EMAIL		TELEPHONE	

D. TRAVEL INFORMATION

Please provide the following travel details for the Passenger for which a temporary exemption is requested: (Note: this form is valid for one one-way from Canada or round trip within Canada only, based on the flights booked on a single booking reference (PNR)).

BOOKING REFERENCE (PNR):

FLIGHT NUMBER	DATE	FROM	TO



E. CONFIRMATION BY CANADIAN MEDICAL DOCTOR OR NURSE PRACTITIONER

I, _____ (full name of Canadian medical doctor or nurse practitioner),

hereby confirm that the person to be exempted above is travelling for the purpose of obtaining essential medical services or treatment. I have also completed and attached the Air Canada Fitness for Travel Form.

<https://www.aircanada.com/content/dam/aircanada/portal/documents/PDF/en/fft.pdf>

DATE(S) OF APPOINTMENT FOR WHICH TRAVEL IS REQUIRED:

NAME OF MEDICAL FACILITY

CIVIC ADDRESS OF MEDICAL FACILITY

Does this Passenger require an escort or companion traveller?

FIRST NAME OF ESCORT OR COMPANION TRAVELLER :

LAST NAME OF ESCORT OR COMPANION TRAVELLER :

Please note – escort or companion may be required to be fully vaccinated or have been approved for own vaccination exemption unless meeting the following criteria:

A competent person who is at least 18 years old and who is boarding an aircraft for a flight for the purpose of accompanying a person if the person needs to be accompanied because they:

- are under the age of 18 years,
- have a disability, or
- need assistance to communicate;

The escort is also required to present at time of boarding results of a COVID-19 molecular test taken within 72 hours or a negative antigen test within one calendar day prior to boarding.

Alternatively, the escort may present a positive molecular test result dated at least 10 days before but not more than 180 days prior to the scheduled departure time (eligible to travel on day 11), where the result is positive.

SIGNATURE

FULL NAME

DATE

ADDRESS

TOWN/CITY

PROVINCE

POSTAL CODE

EMAIL

TELEPHONE

CANADIAN OR PROVINCIAL OR TERRITORIAL CERTIFICATE OR LICENSE NUMBER:



REQUESTER’S ATTESTATION

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

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		FULL NAME	
DATE	EMAIL	TELEPHONE	

F. 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.

G. 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 Air Canada 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 Air Canada processes your personal information, please visit our [privacy policy](#).

H. EXEMPTION AUTHORITY STATEMENT

Please note that any exemption granted in accordance with the applicable Transport Canada Order is only for the purposes of travel within or out of Canada. Any traveler entering Canada by any mode is still subject to all border entry requirements including quarantine requirements imposed under the *Quarantine Act*.