



# 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 Air Canada medical assistance desk at [acmedical@aircanada.ca](mailto: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. If there is an underlying medical condition which may impact the ability to fly, you are requested to have your doctor complete the Air Canada Fitness to Fly Form and submit with this application. <https://www.aircanada.com/content/dam/aircanada/portal/documents/PDF/en/fft.pdf>

This exemption form must be completed in full and submitted to Air Canada for approval prior to departure at least 3 weeks prior to date of departure (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 the 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 negative COVID-19 molecular test (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 <b>yes</b> , 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 or round trip only, based on the flights booked on a single booking reference (PNR)).*

BOOKING REFERENCE (PNR):			
FLIGHT NUMBER	DATE	FROM	TO
FLIGHT NUMBER	DATE	FROM	TO
FLIGHT NUMBER	DATE	FROM	TO
FLIGHT NUMBER	DATE	FROM	TO

### E. EXEMPTION LETTERS OR MEDICAL NOTES

*If the passenger has a Provincial or Territorial exemption letter, please complete section E:*

Does the person possess a medical exemption <b>letter</b> or <b>credential</b> from a Province or Territory?		
Name of Province or Territory:		
Date of Medical Exemption Letter or Credential:		
Issuing Authority (Province or Regional Public Health Unit):		

**Please attach copy of letter or certificate to this application.**



**F. CONFIRMATION BY CANADIAN MEDICAL DOCTOR OR NURSE PRACTITIONER**

*If the passenger does not have a Provincial or Territorial exemption letter, please complete section F:*

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

hereby confirm that the person to be exempted above 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 (check one box only):	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	Expected Recovery Date:
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- 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 or 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). I have completed and attached the Air Canada Fitness to Fly Form to this application:  
<https://www.aircanada.com/content/dam/aircanada/portal/documents/PDF/en/fft.pdf>

CONDITION IS (check one box only):	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	Expected Recovery Date:
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SIGNATURE	FULL NAME
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DATE	ADDRESS
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TOWN OR CITY	PROVINCE	POSTAL CODE
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EMAIL	TELEPHONE
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CANADIAN OR PROVINCIAL OR TERRITORIAL CERTIFICATE OR LICENSE NUMBER:
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## G. 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 is unable to be vaccinated due to a medical condition:

SIGNATURE		FULL NAME	
DATE	EMAIL	TELEPHONE	

## 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 or 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 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](#).

## J. 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*.