



MEDICAL CERTIFICATE

FOR PERSONS WITH PHYSICAL OR MEDICAL CONDITIONS THAT PREVENT THE USE OF A NON-MEDICAL MASK OR FACE COVERING FOR CIVIL AVIATION

MEDICAL DEPARTMENT

MONDAY TO FRIDAY:

6 a.m. – 10 p.m. ET

SATURDAY TO SUNDAY:

6 a.m. – 8 p.m. ET

EMAIL:

acmedical@aircanada.ca

TEL: **1-800-667-4732** (Toll-free from North America) | **1-514-369-7039** (Long distance charges apply) | FAX: **1-888-334-7717** (Toll-free from North America) | **1-514-828-0027** (Long distance charges apply)

The personal and medical details you provide on this form will be used by Air Canada to handle your request for medical approval and to arrange the necessary assistance for your travel arrangements on Air Canada operated flight(s). Your medical details **will not be disclosed** to other airlines.

In compliance with *Accessible Transportation for Persons with Disabilities Regulations*, Air Canada can retain an electronic copy of your personal health information for at least three (3) years for the purpose of permitting Air Canada to use that information if you make another request for a service.

Do you Agree? Yes No

If yes, please note Air Canada may require updated documents depending on your medical condition. You should read Air Canada's privacy policy for further information and for the contact details of the privacy office.

I hereby consent to my personal and/or medical data being processed, used for the purposes set out above.

To ensure an efficient process, please complete and submit this form to **acmedical@aircanada.ca** at least **48 hours in advance of travel**. This form must be:

- I. Completed only by a Healthcare Provider who is a physician, nurse practitioner, a dentist or physician assistant.
- II. Dated within 3 months of your departure date, unless the healthcare provider advises the medical condition is permanent.

Please keep this completed form with you at all times while travelling.

An Air Canada health professional or a health professional service provider to Air Canada will call your physician if the information is incomplete or doesn't provide a sufficient assessment of your condition.



TO BE COMPLETED BY THE PASSENGER OR LEGAL GUARDIAN

PASSENGER FAMILY NAME		FIRST NAME
DATE OF BIRTH (DAY / MONTH / YEAR)	BOOKING REFERENCE	TELEPHONE

By signing this form, I confirm that I have an ongoing professional relationship with the Healthcare Provider below and that all the information I have provided is complete, true, and accurate to the best of my knowledge.

PASSENGER SIGNATURE	DATE
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TO BE COMPLETED BY THE HEALTHCARE PROVIDER PROFESSIONAL

NAME		NAME OF PRACTICE
ADDRESS		TELEPHONE
LICENCE NUMBER	DATE LICENCE ISSUED	PROVINCE/STATE WHERE LICENCE ISSUED

- I am a licensed Healthcare Provider treating this patient.
- I certify that this patient is unable to wear a non-medical mask or face covering due to a medical or physical condition. Nevertheless, this person is fit to fly.
- I certify that this condition is not related to COVID-19 and that this patient is free of any infectious illness.

Is the medical condition permanent? Yes No



Medical condition preventing the use of a non-medical mask or face covering (must be completed):

- I understand that the wearing of a mask during flight is a legal requirement imposed by Transport Canada and that a monetary penalty of up to \$5,000 can be imposed if a person does not comply with this requirement for a reason not following one of the reasons set up by the order.
- I accordingly certify that all the information I have provided is complete, true, and accurate to the best of my knowledge.

HEALTHCARE PROVIDER PROFESSIONAL SIGNATURE

DATE

SUBMISSION OF THIS FORM INDICATES CONSENT TO AIR CANADA'S PRIVACY POLICY.
Other documentation may be required for travel entering or exiting an international destination.