



# 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](mailto: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)

To ensure an efficient process, please complete and submit this form to [acmedical@aircanada.ca](mailto: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.

### TO BE COMPLETED BY THE PASSENGER OR LEGAL GUARDIAN

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

I hereby confirm that I understand that:

If I receive authorization not to wear a face covering from Air Canada, I will need to present a negative COVID-19 test result at the airport check-in and/or boarding gate prior to departure.

This test must be performed no earlier than 72 hours prior to the scheduled departure time of the first flight of any same-day itinerary, or the first flight of any direct connecting itinerary.

I will need another negative COVID-19 test for my return journey if the departure of my return trip exceeds 72 hours from the time the test was taken.

**By signing this form, I confirm that I have an ongoing professional relationship with the Healthcare Provider on page two 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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