Temporary Exemption Request for Passengers due to Medical Inability to be Vaccinated



A · Instructions for Passengers

B · Person to be Exempted

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 Air North. 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. Air North will approve exemptions at their sole discretion and, if approved, are valid only for travel with Air North.

This exemption form must be completed in full and submitted to the Air North for approval a minimum of 21 days in advance of departure. Passengers may 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.). In addition to any other measures required by Air North, passengers with an approved temporary exemption will also need to present evidence of one of the following from an accredited laboratory or facility:

- A negative result for a COVID-19 molecular test that was performed on a specimen collected no more than 72 hours before the flight's initial scheduled departure time; or
- A negative result for a COVID-19 antigen test that was performed on a specimen collected no more than one day before the flight's initial scheduled departure time; or
- A positive result for a COVID-19 molecular test that was performed on a specimen collected at least 10 days and no more than 180 days before the flight's initial scheduled departure time.

Fees for vaccination exemptions, including any costs associated with obtaining one of the above tests, are the responsibility of the applicant.

Please provide the following concerning the person for which a temporary exemption is requested: FIRST NAME LAST NAME CIVIC ADDRESS PHONE

CIVIC ADDRESS		PHONE		
Has a previous temporary exemption request been made for this person?				
CARRIER/OPERATOR	DATE			
Was this temporary exemption approved?				
C · Requestor's Information If the requester is different than the person to be exempted, please con	onlete the following:			

LAST NAME

PHONE

D · Travel Information

Please provide the following travel details for the person for which a temporary exemption is requested:

DATE	FLIGHT NUMBER
DEPARTURE CITY	ARRIVAL CITY

FIRST NAME

CIVIC ADDRESS

E · Exem	ption Letters/Medical Notes			
-	n has a Provincial/Territorial exemption letter, please comp or to the date on this application.	olete box E, but not F. The exemption	on letter must not be dated more than	
Does the per licenced to p	rson possess a medical exemption letter or credential from ractice in Province or Territory? Yes No xF. If Yes, move to box G.	n a Province or Territory, or from a	medical doctor or nurse practitioner	
PROVINCE/TER		DATE OF MEDICAL EXEMPTION LETTER OR	CREDENTIAL (YYYY/MM/DD)	
ISSUING AUTHO	ORITY (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:				
	rtified medical contraindications to full vaccination against lational Advisory Committee on Immunization. The followir			
i.	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 that if a person is allergic to tromethamine which is found			
Condition	on is: Permanent Temporary (expected recovery	date)		
	edical reasons for delay of full vaccination against COVID-19 zation. As of October 22, 2021, this may include:	9 as described by the National Advi	sory Committee on	
i.	A history of myocarditis/pericarditis following the first d	ose of an mRNA vaccine; and/or		
ii.	An immunocompromising condition or medication that re (i.e., waiting to vaccinate when immunocompromised sta		immune response can be maximized	
	nedical condition precluding full vaccination against COVIDonly include information related to why the medical condition		described. For privacy reasons,	
BRIEF DE	ESCRIPTION			
Condition is: Permanent Temporary (expected recovery date)				
MEDICAL PRAC	TITIONER SIGNATURE	MEDICAL PRACTITIONER FULL NAME		
DATE		PROVINCIAL/TERRITORIAL CERTIFICATE/L	ICENCE NUMBER	

PHONE

CIVIC ADDRESS

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 to travel for the purposes of obtaining essential medical services or treatment:

SIGNATURE	FULL NAME	
DATE		
CIVIC ADDRESS		PHONE

H · Acknowledgement – False Or Misleading Information

I acknowledge that it is an offence under section 131 of the *Criminal Code* to make a false statement under oath or solemn affirmation, by affidavit, solemn declaration or deposition or orally, knowing that the statement is false. It is further 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 Air North 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 (*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 *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 North processes your personal information, please visit *flyairnorth.com/privacy-policy*.

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*.