Temporary Exemption Request for Passenger Unable to Wear a Mask for Medical Reasons



A · Instructions for Passengers

The person requesting a temporary exemption due to medical inability to wear a mask 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.).

Fees for vaccination exemptions, such as any applicable costs for the medical professional's confirmation, are the applicant's responsibility.

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D · I	Person	i to be	cxemi	ILEA

Please provide the following concerning the person for which a temporary exemption is requested: FIRST NAME LAST NAME CIVIC ADDRESS PHONE If yes, please provide details: CARRIER/OPERATOR DATE **C** · Requestor's Information If the requester is different than the person to be exempted, please complete the following: FIRST NAME LAST NAME CIVIC ADDRESS 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

(full name of	medical doctor or nurse practitioner), hereby co	onfirm that the person to be	
exempted above is unable to wear a mask for the following reason:		'	
BRIEF EXPLANATION			
Condition is: Permanent Temporary (expected recovery date	2)		
	(0) 1		
ls the person to be exempted able to wear a mask during any phase o	f flight or boarding?		
BRIEF EXPLANATION			
MEDICAL PRACTITIONER SIGNATURE	SIGNATURE MEDICAL PRACTITIONER FULL NAME		
DATE	PROVINCIAL/TERRITORIAL CERTIFICATE/LICI	PROVINCIAL/TERRITORIAL CERTIFICATE/LICENCE NUMBER	
		T	
CIVIC ADDRESS		PHONE	
G · Requester's Attestation			
The following is to be completed by or on behalf of the person request	ting a temporary evemption:		
The following is to be completed by or on behalf of the person request I hereby certify that I am/or the person for which a request is made to		essential medical services or	
treatment:	ottaverror the purposes of obtaining t	essential medical sel vices of	
SIGNATURE	FULL NAME		
DATE			
	1		
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.

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*.