# 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 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.

This exemption form must be completed in full and submitted to the Air North for approval prior to departure in accordance with the Air North's requirements (21 days in advance). 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.). Please consult specific Air North instructions when booking your travel. Air North will approve exemptions at their sole discretion.

In addition to any other accommodation measures that could be required by the carrier/operator, passengers with an approved temporary exemption will also need to present to the carrier/operator results of COVID-19 molecular test taken:

· Within 72 hours of the passenger's scheduled departure time, where the result is negative, or

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

• 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 15), where the result is positive.

Fees for vaccination exemptions, including any costs associated with obtaining a COVID-19 molecular test, are the responsibility of the applicant.

# **B** · Person to be Exempted 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

FLIGHT NUMBER

ARRIVAL CITY

D · Travel Information

DEPARTURE CITY

DATE

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 letter must not be dated more the			
	rson possess a medical exemption letter or credential from practice in Province or Territory?   Yes  No	a Province or Territory, or from a medical doctor or nurse practitioner			
If No, move to bo	ox F. If Yes, move to box G.				
PROVINCE/TE	RRITORY	DATE OF MEDICAL EXEMPTION LETTER OR CREDENTIAL (YYYY/MM/DD)			
ISSUING AUTH	ORITY (NAME OF PHYSICIAN/NURSE PRACTITIONER/PUBLIC HEALTH UNIT				
F · Confi	irmation by Canadian Medical Doctor (	Or Nurse Practitioner			
I, exempted a	(full name of m bove is unable to be vaccinated due to one of the following	edical doctor or nurse practitioner), hereby confirm that the person to be reasons:			
		COVID-19 with an mRNA vaccine, as based on the recommendation og are certified medical contraindications as of October 22, 2021:			
i.	<ul> <li>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</li> </ul>				
ii.	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).				
Conditi	on is: Permanent Temporary (expected recovery o	date)			
_	edical reasons for delay of full vaccination against COVID-19 ization. As of October 22, 2021, this may include:	as described by the National Advisory Committee on			
i.	i. A history of myocarditis/pericarditis following the first dose of an mRNA vaccine; and/or				
ii.	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).				
	medical condition precluding full vaccination against COVIDonly include information related to why the medical condition	-19 (not covered above), as briefly described. For privacy reasons, on precludes full vaccination.			
BRIEF D	ESCRIPTION				
Conditi	on is: Permanent Temporary (expected recovery of	date)			
MEDICAL PRAC	CTITIONER SIGNATURE	MEDICAL PRACTITIONER FULL NAME			
DATE		PROVINCIAL/TERRITORIAL CERTIFICATE/LICENCE 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*.