



# REQUEST FOR MASK EXEMPTION

### PASSENGER INFORMATION

*Thank you for returning this form between 30 days and 48 hours prior to your departure: request@airtransat.com.*

*We also encourage you to present a printed copy of this form at each departure airport.*

*For flights departing from Canada, passengers must also have in their possession proof of a negative result to a COVID-19 screening test (PCR or antigen), performed no later than 72 hours prior to departure.*

#### To be completed by the Passenger

Last Name

First Name

Departure Airport

Arrival Airport

Departure Date

Return Date

Booking number

Phone (+ area code)

Email

#### I hereby confirm that I understand that:

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

**Initial**

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.

Passenger signature

Date

### MEDICAL / MENTAL HEALTH PROFESSIONAL INFORMATION

*This form must be completed by the passenger's Physician. You may submit a separate letter only if it includes all of the information below, is on letter head, and includes the signature of the Doctor.*

#### To be completed by the Physician

Passenger's Last Name  Passenger's First Name

#### Check all that are applicable:

I am a licensed Physician who is currently treating the passenger listed above.

**Check**

I confirm that the passenger is unable to wear a face covering for the duration of the flight, due to a medical condition.

This condition is not related to COVID-19 or other infectious illness.

Name of practice

Province/License Number

Date

Signature