

## TEMPORARY EXCEPTION REQUEST FORM DUE TO ESSENTIAL MEDICAL SERVICES OR TREATMENT

### A. Instructions for Passengers

The person requesting a temporary exception must submit a completed copy of this form in its entirety to the railway company. All pages must be reviewed and completed by the person seeking an exception and/or the requester, as well as by the required medical doctor or nurse practitioner.

This exception form must be completed in full and submitted to the railway company for approval prior to departure in accordance with the railway company's requirements (2 weeks in advance). Passengers may also be asked to provide the completed exception form any time Proof of Vaccination is required (e.g., at time of booking, at check-in, before boarding, etc.). Please consult specific railway company instructions when booking your travel. Railway companies may accept exceptions at their sole discretion.

In addition to any other accommodation measures that could be required by the railway company, passengers with a temporary exception will also need to present to the railway company results of COVID-19 molecular test taken:

- In the case of a negative result, for a COVID-19 molecular test that was performed on a specimen collected no more than 72 hours before scheduled departure time; or
- In the case of a positive result, for such a test that was performed on a specimen collected at least 14 days and no more than 180 days before the scheduled departure time.

### B. Person Seeking an Exception

*Please provide the following concerning the person for which a temporary exception is requested:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Has a previous temporary exception request been made for this person? \_\_\_\_\_  
(yes/no)

If yes, please provide details (date, name of company)

\_\_\_\_\_

Was the temporary exception accepted? \_\_\_\_\_ (yes/no)

**C. Requester's Information**

*If the requester is different than the person seeking an exception, please complete the following:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

**D. Travel Information**

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

Date of Departure: \_\_\_\_\_

Departure City/Station: \_\_\_\_\_

Destination: \_\_\_\_\_

Travel code (train number): \_\_\_\_\_

**E. Confirmation by Canadian Medical Doctor Or Nurse Practitioner**

I, \_\_\_\_\_ (full name of medical doctor or nurse practitioner), hereby confirm that the person seeking an exception above is travelling for the purpose of obtaining essential medical services or treatment, as briefly described.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this person require an escort/companion traveller?  Yes  No

Name of escort/companion traveller: \_\_\_\_\_

Date(s) of appointment for which travel is required \_\_\_\_\_

Name and civic address of medical facility:

\_\_\_\_\_

Signature: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date: \_\_\_\_\_ Civic Address: \_\_\_\_\_

Provincial/Territorial Certificate/License Number: \_\_\_\_\_

## F. Requester's Attestation

*The following is to be completed by or on behalf of the person requesting a temporary exception:*

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: \_\_\_\_\_

## G. Acknowledgement - False Or Misleading Information

I acknowledge that it is an offence under section 366 of the [Criminal Code](#) to make a false document, knowing it to be false.

## H. 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 exception from the requirements of the applicable Transport Canada Order. Please note that the railway company 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 *Railway Safety Act*.

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 of the applicable personal information banks ("PIB"), which are currently being developed and/or modified, and will be published on Transport Canada's Info Source page (<https://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 <http://www.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 the railway company processes your personal information, please visit their applicable privacy policy or contact them directly.

## **I. Exception Authority Statement**

Please note that any temporary exception applied 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*.