INSTRUCTIONS FOR VIA RAIL CUSTOMER

REQUEST FOR SUPPORT PERSON TO TRAVEL FREE OF CHARGE

In order to allow VIA Rail to assess your special needs and the accommodation measures you may require, we kindly request that your treating physician answer each and every question of the attached Medical Certificate. It is essential that each section be signed and dated by your doctor. **Please note that you are responsible for any costs for completing this form.**

Please return the completed Medical Certificate and the customer information requested as soon as possible to:

VIA Rail Customer Centre
1240 Main Street
Moncton, NB
E1C 0E6

Fax: 506 859-3943
Email: support_person@viarail.ca

Once VIA Rail has received and validated the completed Medical Certificate, you will receive an email or telephone call to confirm that your support person may travel with you free of charge on VIA Rail trains.

VIA Rail collects this information in order to comply with the legal requirements including those from the Canada Transportation Act and the Canadian Human Rights Act regarding accessible transportation. Please note that you are not required by law to provide this information. However, without this information, VIA Rail may not be able to correctly assess your request for accommodation and your special needs.

Also, please note that your personal information is collected and will be used and stored in the VIA 5700 Register, as required by the Privacy Act. This information will be protected and shall be disclosed solely to the individuals who need to know the information in order to assess your request for accommodation, in particular, VIA Rail's Chief Medical Officer as well as the Customer Relations group and other personnel responsible for the operation of the trains. Under the Privacy Act, you have the right to access your personal information collected by the Company.

Document Retention Policy:

Please note that your medical documents and forms are confidential information and will be kept on file in a secured place for five years after your last travel date. This is to ensure you do not have to submit new documents each time you travel. Travelers can express their concerns by contacting us either by telephone at 1 888 842-7245 or by email at customer_relations@viarail.ca using the Subject line : Document Retention. Hearing-or speech-impaired travelers can contact via teletypewriter (TTY) at 1-800-268-9503 (toll free).

CONFIDENTIAL MEDICAL CERTIFICATE
FOR PASSENGERS REQUIRING A SUPPORT PERSON

Patient Information:

Patient Name: _____
Address: _____
Email: _____
Telephone: _____
VIA Preference number: _____

***IMPORTANT NOTE TO DOCTOR**: If your patient ONLY requires luggage and boarding assistance, do not sign this Medical Certificate. This service is already provided by VIA for all persons with disabilities and does not require a doctor's signature.*

❑ I attest that my patient requires a support person to travel for reasons other than luggage and boarding assistance.

I attest that my patient [INSERT PATIENT'S NAME] _____ is a person with a disability who is under my care. In my medical opinion, my patient cannot travel alone on board VIA Rail's passenger train.

My patient's functional limitations are:

Please check one of the boxes below

❑ permanent; or

❑temporary.

(In the case of a temporary limitation, this Medical Certificate must be dated and signed by the treating doctor one year or less prior to the date of the train travel).

The authorized Support Person will travel free of charge and will attend to:

Please check the applicable boxes below

❑ my patient's special needs

❑ the service animal needs, if required.

I understand that this Medical Certificate may be reviewed by VIA Rail's Chief Medical Officer.

DOCTOR'S SIGNATURE: _____

Licensed medical doctor or licensed mental health professional (psychiatrist or psychologist)

DOCTOR'S PRINTED NAME:_____

DOCTOR'S LICENCE NUMBER:_____

Doctor's Medical Specialization:_____

TELEPHONE: _____ Fax:_____

DATE SIGNED: _____ PLACE SIGNED: _____