VIA Rail Canada

REQUEST TO TRAVEL WITH A SUPPORT PERSON

SECTION A: Passenger Consent

(To be completed by the passenger)

Passenger Information

First and last name of passenger_____

Name of legal representative (if applicable): _____

Reservation number (if applicable): _____

Email address: _____

Phone number: _____

Passenger consent

I understand that my personal information provided in this application will be used to handle my request and facilitate my transportation. I acknowledge that this information will be kept confidential in accordance with VIA Rail's Privacy Policy. In the case of a permanent functional limitation and unless I notify VIA Rail otherwise, I authorize VIA Rail to retain my application for a period of five (5) years from the date of signature of this application in order to use this information for all future trips and service requests. This way, I will not have to submit new documents for each of my trips, but I will have to submit a new form five (5) years after signing this application.

I agree to provide a valid medical certificate in the event of any significant change in my health and to abide by the terms of any medical accommodation, including attendant requirements and travel companion restrictions.

I confirm that my support person will be able to assist me, after departure and before arrival, with one or more of the following needs:

a) assistance with eating meals, taking medication, using the washroom;
b) assistance with transferring to and from a passenger seat;
c) assistance with orientation or communication;
d) with physical assistance in the event of an emergency, including emergency evacuation.

I also confirm that in the event of an evacuation, my support person will not require assistance for themselves and will be able to assist me throughout the evacuation process.

I understand that in the event that my support person is unable to assist me, after departure and before arrival, VIA Rail reserves the right to deny me access on board for my subsequent trips.

I HAVE READ AND UNDERSTOOD the terms of this agreement which I have signed voluntarily.

Signature: _____
(*Passenger or legal representative*)

Date [YYYY/MM/DD]: _____

SECTION B: Medical Certificate

(To be completed by the attending physician or authorized health care professional*)

**psychiatrist, psychologist, nurse practitioner, audiologist or optometrist*

Physician or authorized health care professional's information

Name: _____

Phone number: _____

Fax number: _____

Address of practice: _____

Physician's or health care professional's license number: _____

Patient's limitations

❑ I certify that my patient, whose name appears in Section A, must travel with a support person because, due to the nature of their disability, they require assistance after departure and before arrival for one or more of the following needs:

a) assistance with eating meals, taking medication, using the washroom;
b) assistance with transferring to and from a passenger seat;
c) assistance with orientation or communication;
d) with physical assistance in the event of an emergency, including emergency evacuation.

****If my patient only needs assistance with their luggage and/or boarding/disembarking, the request to travel with a support person cannot be accepted, as these services are already provided free of charge by VIA Rail.**

My patient's functional limitations are (Please check one of the boxes below):

- ❑ Permanent
- ❑ Temporary Duration _____

By signing this medical certificate, I understand that VIA Rail will rely on my statement above, for my patient to be accompanied, during their travel(s) with VIA Rail, by a support person. Therefore, I certify that all the information provided is complete, true, and accurate and that I am authorized by my professional association to complete this medical certificate in my province and country of practice.

_____

Signature of attending physician or authorized health care professional

Title: _____

Date [YYYY/MM/DD]: _____