

COVID-19 Health Declaration Form

Required to be submitted for every passenger on the reservation.

I hereby certify, represent, and warrant as follows:

1. Do you have a fever, cough, or breathing difficulty?
YES NO
2. Do you have, or suspect you have, COVID-19?
YES NO
3. Have you been refused boarding in the past 10 days due to a medical reason related to COVID-19?
YES NO
4. Are you currently under mandatory quarantine, as a result of recent travel or by orders from the provincial, territorial or local public health authorities?
YES NO

If YES to above question, has a federal, provincial, or territorial health authority given you explicit permission to continue your onward journey by air to reach your self-isolation location?

YES NO

5. Do you have a removable mask or face covering with which to cover your mouth and nose while aboard the aircraft, for the full duration of the flight?
YES NO
6. Do you have proof of full vaccination (two Canadian approved vaccines, administered 14+ days ago)?
YES NO

If NO to above question, is passenger 12 years and 4 months, or younger?

NO YES

If NO to above question, has Harbour Air approved an exemption for you to travel?

NO YES

Exemption Code: _____

I understand non-compliance, and/or providing a false or misleading answer on this Health Declaration could result in a maximum fine of \$5,000 issued by Transport Canada.

I agree to notify Harbour Air by email at healthform@harbourair.com of any change in status, including diagnosis with COVID-19 and/or requirement to quarantine within ten (10) days following a Harbour Air flight. If required, I consent to my contact information to be provided to the Provincial Health Officer to assist in trace tracking.

I consent to having my temperature taken with a no touch thermometer and will take all reasonable steps to social distance and sanitize my hands prior to and after my flight.

I certify the information above is complete and accurate. In signing below, I am an individual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this binding Declaration.

Full Name (Print)

Signature

Date