Health Declaration Form – COVID-19

Required to be submitted for every passenger on the reservation. Please bring with you to check in.
Providing a false or misleading answer could result in a maximum fine of $5000.

I hereby certify, represent, and warrant as follows:

Do you have a fever and a cough?
YES ☐   NO ☐

Do you have a fever and breathing difficulty?
YES ☐   NO ☐

Have you been refused boarding in the past 14 days due to a medical reason related to COVID-19?
YES ☐   NO ☐

Do you have or suspect you have COVID-19?
YES ☐   NO ☐

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 ☐

Do you have a removable mask or face covering with which to cover your mouth and nose while moving through the airport and on board the flight?
YES ☐   NO ☐

I AGREE to notify Harbour Air by email at reservation@harbourair.com of any change in status, including diagnosis with Coronavirus and/or quarantine, within fourteen (14) days either before or following a Harbour Air flight.

I will wear a mask at all times during the boarding process (once flight is called) and as a passenger on any flight on Harbour Air and will take all reasonable social distancing and sanitizing steps. If you do not have a mask a mask will be given to you at check in.

I WILL consent to having my temperature taken prior to any on Harbour Air. The device to read temperature is a no touch thermometer. I understand and consent that my luggage will be sprayed and sanitized.

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, and in doing so represent the truthfulness and veracity of the above answers.

Print Name   Signature

_____   _____

Date

_____