



Serious Communicable Disease Medical Information Form – for request of refund for itineraries to or from the USA

All costs for completion of this form are the responsibility of the guest.

This form is interactive. You can type your information into the form and then print it before you sign.

If you fill in by hand, be sure to print legibly to help avoid processing delays.

The form must be completed in full. Incomplete forms will result in the denial of a refund request.

Submit completed forms to WestJet by **email to MedDesk@WestJet.com** or by **fax to 1-866-737-1202**.

Section 1: Patient Information

The Patient's name must match their travel documents.

Last Name

First Name

Middle Name

Birthdate MM-DD-YYYY

Email address

Contact Number

Submitting on Behalf of a Minor

☐ YES

☐ NO

Booking Reference (6 letters)

Parent/Guardian Last Name

Parent/Guardian First Name

Parent/Guardian Middle Name

Patient Consent and Agreement

By signing, printing, or typing my name on the signature line below, I consent to the collection, disclosure, and retention of the medical information on this form and/or information related to a serious communicable disease or public health emergency for the purposes of assessing refund eligibility with the understanding that this information will be kept confidential in accordance with WestJet's Privacy Statement and Sunwing's Privacy Statement, as applicable. I consent and authorize WestJet and my treating medical professionals to provide, receive, and discuss information as required on this form. For this purpose, I agree this consent and authorization extends to any medical professional holding information relevant to my assessment and /or ability to fly safely with WestJet.

The term "WestJet" in this form collectively refers to WestJet Airlines Ltd., WestJet, an Alberta partnership, WestJet Encore Ltd. and Sunwing Airlines Inc., and their subsidiaries and affiliates, as applicable.

Section 2: Medical Professional Information

As per the applicable US regulation, a licensed medical professional means an individual, including a physician, a nurse practitioner, and a physician's assistant, who is licensed or authorized under the law of a State or territory in the United States or a comparable jurisdiction in another country to engage in the practice of medicine, to diagnose or treat a patient for a specific physical health condition that is the reason for the passenger to request a refund.

A practicing licensed medical professional must provide all information required in this section and must affix their signature where indicated. All fields must be completed. Incomplete forms cannot be reviewed and will result in the denial of a refund request.

Medical Professional's Name

License Number

Province/State/Country of Registration

City/Town

Email

Contact Number

Fax



Declaration of Medical Conditions by Medical Professional

Pursuant to 14 CFR Part 262.2 (Definitions), a Serious communicable disease means a communicable disease as defined in 42 CFR 70.1 that can cause serious health consequences (e.g., breathing problems, organ damage, neurological difficulties, death) and can be easily transmitted by casual contact in an aircraft cabin environment (i.e., easily spread to others in an aircraft cabin through general activities of passengers such as sitting next to someone, shaking hands, talking to someone, or touching communal surfaces). For example, the common cold is readily transmissible in an aircraft cabin environment but does not have severe health consequences. AIDS has serious health consequences but is not readily transmissible in an aircraft cabin environment. Both the common cold and AIDS would not be considered serious communicable diseases for purposes of this part. SARS is readily transmissible in an aircraft cabin environment and has severe health consequences. SARS would be considered a serious communicable disease for purposes of this part. The above examples are provided for illustration purposes only and are not to be construed as medical advice.

- ☐ According to the medical condition of the patient and current medical knowledge on the relevant serious communicable disease, including public health guidance issued by CDC or WHO, if available, the patient should not travel by air during the current public health emergency to protect his or her health from a serious communicable disease.
- ☐ According to the medical condition of the patient and current medical knowledge of the relevant serious communicable disease, including public health guidance issued by CDC or WHO, if available, the patient should not travel by air on the date of the scheduled travel to protect the health of others from a serious communicable disease because the patient has or is likely to have contracted a serious communicable disease.

Physician's Consent

By signing this form, I understand that I am providing information which WestJet will use to determine my patient's ability and/or accommodations needed to travel safely. I accordingly certify that all of the information I have provided is complete, true and accurate to the best of my knowledge.

Signature (Physician/Practitioner)

Date MM-DD-YYYY

A large, empty rectangular box with a thin black border, intended for a physician's office stamp.

Physician office stamp required