

## Health Declaration Form – COVID-19

Required to be submitted for every passenger on the reservation.  
Providing a false or misleading answer could result in a maximum fine of \$5,000.

I hereby certify, represent, and warrant as follows:

1. Do you have a fever and a cough?  
YES  NO
2. Do you have a fever and breathing difficulty?  
YES  NO
3. Have you been refused boarding in the past 14 days due to a medical reason related to COVID-19?  
YES  NO
4. Do you have or suspect you have COVID-19?  
YES  NO
5. 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
6. If YES to above question (#5), 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  N/A
7. 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
8. Do you have proof of full vaccination, or a negative COVID-19 molecular test result (taken within 72 hours of flight)?  
YES  NO

I agree to notify Harbour Air by email at [reservation@harbourair.com](mailto:reservation@harbourair.com) of any change in status, including diagnosis with COVID-19 and/or quarantine, within fourteen (14) days either before or 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 will always wear a mask over my nose and mouth aboard the aircraft. 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 will take all reasonable steps to social distance and sanitize my hands prior to and after my flight.

I will consent to having my temperature taken prior to any flight 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.

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