



Protected B when completed

**Letter of Required Support:
Request for exemption to enter Canada and/or limited release from mandatory quarantine
for compassionate reasons**

Required fields are marked with an asterisk (*).

Traveller Legal Name*: _____ (hereinafter “Traveller”)

A Letter of Required Support is valid for 3 months from the date of signature. Applicants are required to submit their own Letter of Required Support form, with the exception of minors. Minors can be included on their legal guardian’s/parent’s Letter of Required Support. This Letter of Required Support must be signed by a health care professional licensed to practise in Canada.

Due to the risks posed by COVID-19, people entering Canada are subject to the order(s) made under section 58 of the federal *Quarantine Act* (S.C. 2005, c. 20). The order(s) prohibit(s) entry into Canada in certain instances and require(s) all people without symptoms to quarantine for at least 14 days upon entering Canada. The quarantine period begins on the day you enter Canada. The order is subject to certain exemptions. For example, you may apply for a limited release from quarantine (and/or permission to enter Canada, as required) for compassionate reasons in specific circumstances.

This form is required if you are applying for entry into the country and/or a limited release from quarantine for compassionate reasons. Please have a medical professional complete and sign this form.

Are you travelling with a minor(s) [hereinafter ‘minor(s)’]:

Yes No

Name(s) of minor(s) and date(s) of birth (mm/dd/yyyy):

Are there additional persons travelling with you to provide care/support?

Yes No

Name(s) of additional traveller(s) and date of birth (mm/dd/yyyy):

I, being a health care professional who is licenced to practise in Canada, attest that the Traveller’s purpose for entering Canada and/or temporarily leaving quarantine is (check one)*:



Government
of Canada

Gouvernement
du Canada

Protected B when completed

To be present during the final moments of life for a loved one or to provide support or care to someone who is critically ill.

To provide care for a person who has a medical reason as to why they require support.

Provide the medical reason for support (max 25 words):

I attest that the person who is in their final moments of life or who requires care or support is a Canadian citizen, permanent resident, temporary resident, protected person, or a person registered under the *Indian Act* who is residing in Canada.

Location of required support*:

Legal name of signatory health care professional (print clearly)*:

Profession of signatory health care professional*:

Canadian licence number of signatory health care professional*:

Work address*:

Work contact information of health care professional:

(email)*

(telephone)*

Providing false information: It is an offence under the *Quarantine Act* to provide a false or misleading statement. You may be subject to enforcement measures, including but not limited to the issuance of a ticket under the *Contraventions Act* or prosecution for an offence under the *Quarantine Act*.

By signing below, I confirm that the information I have provided above is true.*

Signature of health care professional*:

Date of signature*:

Privacy notice: The personal information provided is governed in accordance with the *Privacy Act*. This personal information is being collected as part of the Government of Canada's response to the COVID-19 pandemic and, at this time, the relevant Personal Information Bank may not yet reflect this activity. We collect the information needed for the Public Health Agency of Canada (PHAC) to administer and enforce the Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation), the Quarantine Program (authorized under the



Government
of Canada

Gouvernement
du Canada

Protected B when completed

Quarantine Act), and for programs or activities of PHAC authorized by the *Quarantine Act* and/or *Department of Health Act*. This information is collected and used by PHAC in relation to the Traveller's application for "Exemption for Compassionate Reasons of COVID-19 Travel Restrictions" and/or "Limited Release from Quarantine," and may also be disclosed to the following entities: law enforcement (including, in particular, peace officers), other government institutions, as well as provincial, territorial, municipal governments or organizations as well as their institutions. In limited and specific circumstances, personal information may be used and disclosed without consent in accordance with subsection 8(2) of the *Privacy Act*.

Rights under the *Privacy Act*: In addition to protecting personal information, there is a right to request access to and request correction of one's own personal information as provided for under the *Privacy Act* and to file a complaint with the Privacy Commissioner of Canada concerning the handling of your information. For more information about these rights, or about our privacy practices, please contact phac.compassionate-ordreshumanitaires.aspc@canada.ca.