



Mask Exemption Request

Must be submitted a minimum of 7 days prior to scheduled departure

Passenger name (*print*): _____

Reservation and itinerary information: _____

Passenger phone contact and email: _____

Initial	<i>This section must be completed by passenger or designated assistant/guardian</i>
	I understand that Contour, in its sole discretion and in accordance with CDC/DOT/TSA standards, will determine whether to approve my mask exemption request.
	I understand that Contour requires that I provide proof of negative COVID-19 PCR test result taken within 72 hours of my scheduled departure.
	I understand that Contour may require me or my travelling party to move to alternate seats in the cabin and/or change our itinerary to less-full flights to allow for greater social distancing from other customers on board, if possible. Contour will advise regarding the alternatives, and changes to flights under these circumstances will be made at no additional cost.
	I understand that if Contour approves my mask exemption request, I need to print the approval letter and carry it on my person at all times while traveling and will need to show it to TSA at the security checkpoint to be screened.
	I understand that my mask exemption request is applicable only to flights in a single reservation, and any exemption for future travel or travel in separate reservations will need to be applied for anew.
	I authorize the release of medical information pertaining to this mask exemption request and authorize my treating physician to speak with a Contour Airlines representative or any agent acting on their behalf.
	I understand that if I choose to request a mask exemption, Contour will use the information on this form to handle my request. In order to assess and manage my request I understand that it may be necessary for Contour to disclose information relating to my health information to third parties such as medical professionals, airport staff, and health professionals.

Passenger or designated assistant/guardian name (*print*): _____

Passenger or designated assistant/guardian signature: _____ Date: _____



Mask Exemption Request

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This section must be completed by medical provider specifically treating the passenger's disability

Patient/passenger name (*print*): _____

Initial

	I am a licensed medical provider currently treating the passenger's disability.
	<p>Pursuant to federal law, only individuals with a disability who cannot wear a mask or cannot safely wear a mask because of the disability, for example individuals who do not know how to remove their masks, cannot remove them on their own, or cannot communicate promptly to ask someone else to remove their mask are eligible to request a mask exemption. Individuals for whom mask wearing may only be difficult are not eligible to request a mask exemption.</p> <p>I attest that the passenger cannot safely wear a mask in connection with the flight(s) for the itinerary above for the following reason(s).</p> <p>Can the passenger wear a face shield? YES NO</p>

Medical provider's license information:

Date and type of the license: _____

License Number: _____

State or other jurisdiction in which license was issued: _____

Your name (*print*): _____

Specialty: _____

Signature: _____

Date: _____

Business phone contact: _____

Business email: _____