



### Mask Exemption Request

Passenger Name (Print): \_\_\_\_\_ Airline PNR or E-ticket Number: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_

*The Passenger Consent section must be completed by passenger or designated assistant/guardian.*

Passenger Consent	
I affirm that I have been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Air China.	
Name(Print)	Contact information
Name(Sign)	Date

Medical Certification	
As the passenger's health care provider, I certify that this passenger has a physical, medical or mental impairment that substantially limits a major life activity, and that a face covering may cause harm or obstruct breathing which makes it inadvisable for the passenger to wear a mask. Specific, detailed information is necessary in this section for an exemption to be considered.	
Health risks of not wearing a mask while traveling (especially in the cabin) were discussed with the passenger. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> This medical exemption is permanent	
<input type="checkbox"/> This medical exemption is temporary (Exemption expires on(mm/dd/yyyy) ____/____/____)	
Signature of healthcare provider (MD, DO, APRN, PA)	Medical License #
Printed name of health care provider	Date