Check-in Questionnaire

Under the Interim Order, Osprey Wings must conduct a health check questionnaire.

Camp

Travellers that knowingly provide false or misleading information about their health may be subject to a

| monetary penalty of up to \$5,000. | aamg mjormation as | out then neuron may ze ouz, eve o |
|---|---|---|
| A passenger who is subject to a health check and | is asked the addition | al questions must; |
| a) Answer all the questions | | |
| b) Not provide answers that they know are fa | lse or misleading | |
| We have to ask every passenger to verify wheth | er they exhibit the fo | ollowing symptoms; |
| a) A fever | yes | no |
| b) A cough; and | yes | no |
| c) Breathing difficulties | yes | no |
| And in addition, we have to ask; | | |
| a) Have you been refused boarding in the pas | st 10 days due to a m | edical reason related to COVID-19 no |
| b) Are you the subject of a mandatory quarar order issued by the province or local public he | | of recent travel or as a result of an |
| | Yes | no |
| Face Masks | | |
| Do you have a face mask or face covering | yes | no |
| Passengers who are showing any symptoms, answ the questions will be denied boarding, under the for a period of 14 days. | ver yes to any of the interim order, and ar | questions or refuse to answer any one of the second second and the second sec |
| Unless a medical certificate certifying that the syn | nptoms they are exhi | biting are not COVID related. |
| | NOTE: | |
| If you show any symptoms of COVID-19 or you camp be advised; we are legally obligated to re your expense, to i | answer yes to any o efuse boarding. This we medivac you back to | will/can lead to a separate flight at |
| Name Signature | | Date |
| | | |