

**Mask Exemption Request**

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

<p><i>Initial</i></p>	<p><b><i>This section must be completed by <u>passenger or designated assistant/guardian</u></i></b></p>
	<p>Passenger name (<i>print</i>): _____</p>
	<p>Reservation and itinerary information: _____</p>
<p>_____</p>	<p>I understand that United, in its sole discretion and in accordance with CDC/DOT/TSA standards, will determine whether to approve my mask exemption request.</p>
<p>_____</p>	<p>I understand that United requires that I provide proof of a negative COVID-19 PCR test result taken within 72 hours of my scheduled departure.</p>
<p>_____</p>	<p>I understand that United 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. United will advise regarding the alternatives, and changes to flights under these circumstances will be made at no additional cost.</p>
<p>_____</p>	<p>I understand that if United 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 prior to being screened.</p>
<p>_____</p>	<p>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.</p>
<p>_____</p>	<p>I authorize the release of medical information pertaining to this mask exemption request and authorize my treating physician to speak with a United Airlines medical representative or any agent acting on its behalf.</p>
<p>_____</p>	<p>I understand that if I choose to request a mask exemption, United 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 United to disclose information relating to my health information to third parties such as medical professionals, airport staff, health agencies, United Express and Star Alliance carriers, and their employees, among others.</p> <p><b>INDIVIDUALS LOCATED OUTSIDE OF THE UNITED STATES:</b> If you are located outside of the United States and you choose to request a mask exemption, United will use the information on this form to handle your request. You understand that this form will be transferred to the United States, where data protection laws may not be equivalent to those in your home country. By signing below and affirmatively submitting this form, you give specific consent to United to process and transfer the information for these purposes. To exercise rights granted pursuant to</p>

	applicable law, including withdrawal of consent, contact <a href="mailto:privacy@united.com">privacy@united.com</a> . Withdrawal of consent does not affect the lawfulness of information processed until the withdrawal, and this information will continue to be maintained for compliance with legal obligations and for the establishment, exercise or defense of legal claims.
	Passenger or designated assistant/guardian name ( <i>print</i> ): _____ Passenger or designated assistant/guardian signature: _____ Date: _____ Phone contact: _____ Email contact: _____

<i>Initial</i>	<b><i>This section must be completed by a <u>medical provider</u> specifically treating the passenger's disability</i></b>
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	Patient/passenger name ( <i>print</i> ): _____
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_____	I am a licensed medical provider currently treating the passenger's disability.
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_____	<p><b>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.</b></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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Can the passenger wear a face shield? Yes _____ No _____</p>
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	Medical provider's license information: Date and type of the license: _____ License Number: _____ State or other jurisdiction in which license was issued: _____
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	Your name ( <i>print</i> ): _____ Your Specialty: _____ Signature and Date: _____ Business phone contact: _____
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	Business email contact: _____
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