**Wood Travel Declaration of Vaccination Status**

This form is to be completed by the lead passenger listed on the itinerary. By completing this form, the writer declares that all information given for each passenger listed on the itinerary is accurate and can be proven if authorities request to verify claims made while traveling.

**Lead Passenger Name:**

**My Street Address:**

**City:       Province/State:       Postal/ZIP:**

**My Phone Number:**

**My Email:**

List all full names of each passenger listed on your itinerary, date of birth, vaccine status, and name of vaccine(s) taken.

V: one vaccine

VV: two vaccines

VVB: two vaccines plus one booster

VVBB: two vaccines, plus two boosters

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME | DOB | VACCINE CODE | NAME OF VACCINE |
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I understand all listed on the itinerary have been offered Covid Insurance and all other travel related insurances at the time of my booking, and aware of the risks and obligations as outlined in the travel waiver, as well as those outlined on the Government of Canada website.

**Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed on this Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**