



Department of Health  
Client Travel Agreement

**This agreement must be signed prior to receiving travel arrangements**

**Client Responsibilities**

- You must attend all appointments that are scheduled for you and you must arrive on time for all of your appointments.
- You must provide reasonable advance notice to the health centre if you become unable to attend a confirmed appointment except when prevented for medical reasons or because of circumstances outside your control.
- You must follow all prescribed instructions given by your doctors or nurses. Example: fasting or taking specific medication prior to medical tests.
- You must check-in at the airport at least one hour before the departure of your flight. You must be at the departure gate at least 30 minutes prior to boarding. You cannot miss your flight for a non-medical reason that is within your control.
- You are expected to abide by the rules of the boarding home or hotel facility.
- You are expected to refrain from abusing and being intoxicated by alcohol, cannabis, illegal drugs, or engaging in abusive verbal and/or physical behaviour, violent behaviour or illegal behaviour, including behaviour that results in harm to individuals and/or property damage; there is **zero tolerance** for intoxication, illegal drug use, and illegal or abusive behaviour.
- You must travel with your valid Nunavut Health Care Card and valid government-issued photo identification.
- Excess baggage fees are your responsibility.
- Any costs associated with unauthorized companions (not approved under the Medical Travel Policy) are your responsibility.
- You must treat fellow travelers including (an) escort(s), health-care workers, boarding home and hotel staff and airline staff with respect. Clients who are abusive (verbally or physically) to others may be asked to make and pay for their own travel arrangements, or be invoiced by the Department of Health for some or all of the costs associated with the medical travel trip.

- You must practice social distancing, proper hand hygiene and follow any public health official guidelines concerning the use of Personal Protective Equipment (PPE) when required.

**Agreement**

1. I understand and agree to my responsibilities as outlined above.

**Client's Initials** \_\_\_\_\_

2. I understand that if I do not fulfill all of my client responsibilities, I may be responsible for making and paying for my own travel arrangements including accommodations, meals and ground transportation, or the Department of Health may invoice me for some or all of the actual costs of this medical travel trip.

**Client's Initials** \_\_\_\_\_

3. I understand that if I do not fulfill all of the client responsibilities and I miss a flight for reasons that are within my control, I may be responsible to re-book and pay for my own travel arrangements or be invoiced by the Department of Health for any additional flight or other costs that may result from missing my flight where the Department of Health has paid for the additional flight.

**Client's Initials** \_\_\_\_\_

4. I understand that if I do not attend an appointment without providing reasonable advance notice except when prevented for medical reasons or because of circumstances outside my control, that I may be responsible for any fees associated with the missed appointment.

**Client's Initials** \_\_\_\_\_

5. I understand that I may be invoiced for any damages resulting from abusive, violent or illegal behaviour.

**Client Initials** \_\_\_\_\_

6. The Medical Travel Policy and travel procedures have been explained to me and I have been provided with contact information if I require assistance while traveling.

**Client's Initials** \_\_\_\_\_

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Client Signature	Print Name	Date
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GN Health Representative Signature	Print Name	Date
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*A copy of this form must accompany the client and a copy is to be placed in their file.*