



Department of Health
Client Escort Travel Agreement

This agreement must be signed prior to receiving travel arrangements

Client Escort Responsibilities

- You must be 19 years of age or the guardian of the client or a mature minor parent or guardian of the client.
- 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 must travel with your valid Nunavut Health Care Card and valid government-issued photo identification.
- 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 stay with the client at all reasonable times, including sharing accommodations and attending all appointments. You must arrive on time for all appointments. If your client is in a hospital, you must be available to assist your client with his/her needs.
- If your client is unilingual, you may be required to provide interpretation services between the client's language and English for the provision of services not related to practitioner-client communication. You will be asked to demonstrate basic language ability in both the client's language and English to the person presenting this agreement.
- You must be able to stay with the client for up to four (4) weeks.
- You must be able to understand the client's condition and medications and be able to provide assistance as needed.
- Any costs associated with unauthorized companions (not approved under the Medical Travel Policy) are your responsibility.
- You must treat the client, fellow travelers, health-care workers, boarding home and hotel staff and airline staff with respect. Client escorts 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).
- You must successfully complete 14 days of self isolation at a Government of Nunavut designated facility prior to returning to Nunavut.
- You must contact the local public health office immediately if you show symptoms of having COVID-19.

Agreement

1. I understand and agree to my responsibilities as outlined above.
Escort's Initials _____
2. I understand that if I do not fulfill all of my client escort 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 and I may be deemed ineligible to perform escort duties in the future.
Escort'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.
Escort's Initials _____
4. I understand that I may be invoiced for any damages resulting from abusive, violent or illegal behaviour.
Escort's Initials _____
5. 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. **Escort's Initials** _____

Escort Signature

Print Name

Date

GN Health Representative Signature

Print Name

Date

A copy of this form must accompany the escort and a copy is to be placed in their file.