

Passenger Application for Exemption to Federal Mask Requirement on Southwest Airlines

Please complete the information below and submit to Southwest Airlines for review of a mask exception application. You are submitting the information below and as outlined in this Application for Exemption in order for Southwest to evaluate and process your request for an exemption from the federal mask mandate while flying with Southwest Airlines. Southwest Airlines may share this information with a third-party medical provider, the CDC and other government authorities, and our agents, vendors, and service providers for purposes of managing and fulfilling your travel reservations and assisting Southwest Airlines with the evaluation and processing of your application for an exemption.

Please check the box below that applies:

- I am completing this form for myself.
- I am completing this form for the minor named herein. I am either the parent or guardian of the minor child and have the authority to and, by completing this form, hereby attest to the information provided below.

Passenger First Name: _____

Passenger Middle Initial: _____

Passenger Last Name: _____

Contact Email address: _____

Contact Phone number: _____

Reason for Mask Exception Request:

Is flight already booked? Yes _____ No _____

If flight is already booked, please include the following information:

Date(s) of Travel: _____

City Pair: _____

Confirmation Number (if flight already booked): _____

Does Passenger possess a WN Employee ID? _____

If Passenger possesses a WN Employee ID, please include the following information:

WN Employee ID of Traveling Passenger: _____

By submitting this request and signing below, I [name of passenger or authorized representative] [on behalf of _____] have read and understand the disclosures and requirements included above pertaining to my application to receive an exemption from the federal requirement to wear a mask while flying on Southwest Airlines, including, without limitation, Southwest's collection, use, and sharing of information.

Passenger Signature or Signature of Passenger Parent or Guardian

Printed Name of Passenger or Parent or Guardian

Date: _____