



QUARANTINE / SELF – ISOLATION PLAN

Student Information

First name	Last name	Date of birth (YY/MM/DD)	
Phone number	Email (optional)		
Home address	City	Province or territory	Postal code

Primary Contact Information in Canada

First name	Last name	Date of birth (YY/MM/DD)	
Phone number	Relationship (homestay/family/relative)	Email (optional)	
Home address	City	Province or territory	Postal code

Travel Information

Are there additional travelers in your group? Yes No If Yes ➔ Please fill in chart to the right		Additional Travelers <i>(please list all additional travelers)</i>		
		First name	Last name	Date of birth (YY/MM/DD)
Arrival Date (YY/MM/DD)	Arrival From (City/Country)			
Arrival by Air Sea Ground				
Airline / Flight number (if applicable)				

Quarantine / Self-Isolation Plan

Do you have accommodation arrangements for your self-isolation period? Yes No

If yes, at what address and in which city will you be completing the 14 day quarantine / self-isolation period?
Address: _____ City: _____

If yes, indicate type:
Private Residence (Host Family, Family or Friend) Supervised Hotel Stay at: _____

Have you made the necessary arrangements for your 14-day self-isolation period? (eg. food, medication, etc)
Yes No If yes, please describe (be specific)

What form of transportation will you take to your quarantine / self-isolation location?
Private vehicle Public transportation Taxi Other (be specific) _____

Certify Declaration

I, _____, certify this to be accurate. Date: _____
(Student's First/Last Name in Print) (YY-MM-DD)

I, _____, certify this to be accurate. Date: _____
(Student's Parent's First/Last Name in Print) (YY-MM-DD)