

CANADA

INTERNATIONAL STUDENT QUARANTINE



PERSONAL INFORMATION

First Name:	Family Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD MM YYYY	Country of Origin:
Home Address:		
Postcode:	Passport Number:	

ARRIVAL INFORMATION

Arrival Date:	Port of Entry into Canada:
Arrival From:	Airline Name & Flight Number:

QUARANTINE PLAN

Quarantine location: Homestay provider, Hotel or Accommodation provider

Name:
Address:
Phone Number:

I confirm that I have arranged the following / the following are provided by the quarantine site:

- Transportation to quarantine location (ie. Taxi, Car Service, Pre-arranged Transfer, Family Pick-up)
- 3 meals / day, delivered to my room
- Access to needed toiletries, linen, cleaning supplies etc.

- I confirm that I am entering Canada with medical insurance that provides coverage for COVID-19 during the mandatory quarantine upon entry period.
- I confirm that I will not be living with vulnerable persons or in a communal or group setting during the period of mandatory quarantine upon entry.
- I confirm that I have access to sufficient funds to cover any and all additional COVID-19-related costs, including testing.

COMMITMENT TO THIS PLAN

I (*student name*) _____ confirm that I understand the importance of the quarantine procedure upon arrival in Canada, and will follow all criteria provided in this document, as well as the requirements provided by the Government of Canada, for a full 14 days.

Signature

Date

DD | MM | YYYY