

INTERNATIONAL STUDENT **QUARANTINE PLAN**

PERSONAL INFORMATION

Name (First, Last Name)	
Passport Number	
Date of birth (yyyy/mm/dd)	
Country of origin	
Home address	

ARRIVAL INFORMATION

Arrival date	
Arrival from	
Port of entry into Canada	
Arrival by (airline name and flight #)	

QUARANTINE LOCATION

1. **MANDATORY 3-DAY HOTEL LOCATION** (name and address):

2. **11- DAY QUARANTINE LOCATION** (name and address of home stay provider, hotel or accommodation provider):

I confirm that the following are provided by the quarantine site:

- Transportation to quarantine location
- 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.

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 all requirements provided by the Government of Canada, for a full 14 days.

Signature: _____ Date: _____