



International Student Quarantine Plan

Personal Information

Name [First, Last]: _____

Country of origin: _____

Passport number: _____

Home address: _____

Date of birth (yyyy/mm/dd): _____

Arrival information

Arrival date: _____

Port of entry into Canada: _____

Arrival from: _____

Arrival by (airline name and flight #): _____

Quarantine plan

Quarantine location (name and address of homestay 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: _____