

INTERNATIONAL STUDENT QUARANTINE PLAN

Personal Information

Name: _____
(First name) (last name)

Country of origin: _____

Home address: _____

Passport number: _____

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

Arrival information

Port of entry into Canada: _____

Arrival by (airline name and flight #): _____

Arrival date : _____

Arrival from: _____

Local transportation arrangements:

Name of person/company picking me up at the airport: _____

Phone number to contact in case of flight delay: _____

Quarantine plan

Quarantine location: _____
(name of homestay provider, hotel or accommodation provider)

Address of quarantine location: _____

City of quarantine location (if other than Winnipeg): _____

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

(check each box to confirm)

- 3 meals/day, delivered to my room....
- I am able to cook meals on-site
- Access to needed toiletries, linen, cleaning supplies, etc

Contact Information:

Phone number while in Canada; _____

Personal Confirmation

I confirm that the following:

(check each box to confirm)

- I confirm that I will not be living with vulnerable persons or in shared accommodation during the period of mandatory quarantine upon entry.
- I confirm that I am entering Canada with medical insurance that provides coverage for COVID-19 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.
- I confirm that I have read the government of Canada website and understand my responsibilities and requirements to ensure the health and safety of myself and others.
- I have downloaded the ArriveCan app to my phone

Commitment to this plan

I, _____ 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