

International Student Quarantine Plan

Personal Information:

Legal First name: _____ Legal Last name: _____
Date of Birth (dd/mm/yy): _____ Email Address: _____
Phone #: _____ Student ID: _____
Passport #: _____ Country of Birth: _____

Arrival Information:

Arrival Date (dd/mm/yy): _____ Port of Entry into Canada: _____
Airline Name and Flight #: _____

Quarantine Plan:

Quarantine Location Address: _____

Please confirm that you have read, understood and are aware of the following:

- 3 meals per day, delivered to my room or I will work with the International Student Liaison to get a grocery service to be delivered to my place of residence for 14 days (example: DoorDash, Skip the Dishes, etc).
- Access to needed toiletries, cleaning supplies, other basic needs.
- I have planned financially to support the cost of quarantine (meals, food, medical expenses) for 14 days in Canada prior to my academic start date.
- I will have access to phone and/or internet to keep in touch for check-ins with the International Student Liaison.
- Completion of **ArriveCAN** Application prior to the arrival in Canada.

Quarantine Requirements:

- I have read, understood and I am aware of the requirement to comply with the Government of Canada's Quarantine Act, including being aware of the penalties for violation of the Quarantine Act.
- I confirm that I have the appropriate medical insurance, effective as of the date of my travel to Canada, which includes coverage for Covid-19 during the quarantine period.



It is recommended that all students arriving from outside Canada review the following mandatory guidelines for a suitable 14-day quarantine site and ensure that their plan meets these guidelines:

- [Mandatory Quarantine or Mandatory Isolation](#)
- [For Travellers Without Symptoms of COVID-19 Entering Canada](#)
- [Coronavirus Disease \(COVID-19\): Travel Restrictions, Exemptions and Advice](#)
- [For Travellers with COVID-19 Symptoms Entering Canada](#)

By submitting this form, I confirm that I have read, understood and I am aware of the importance of the quarantine procedure upon arrival to 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. By submitting this form, I consent to the Centre for Arts & Technology (CAT) retaining, collecting, and using any information and to ask me questions regarding my COVID-19 Quarantine period and release them as needed.

Full Name: _____

Signature: _____

Date: _____