

14-Day Quarantine / Isolation Plan for (indicate your legal name)

Transportation

When I arrive at _____ I plan to use _____ to get to my place of quarantine.

(your destination in Canada)

(taxi or personal vehicle)

I will make no stops anywhere on my way to my quarantine location, and I will wear a mask or face covering at all times. I will also sanitize my hands before entering the vehicle and after exiting the vehicle.

Quarantine Location Details

I am prepared to spend 14-days of quarantine at the following location:

During quarantine, my phone number will be : _____

I can be reached at this number in Canada.

I confirm that the above mentioned location place where I will spend the 14 days of my quarantine (and more, if necessary) does not have any exposure to vulnerable people (65 years of age or older or persons with underlying health problems).

I confirm that I have a private bedroom and a private bathroom that will not be shared with others.

Food and Personal Needs

During my quarantine period, I plan to supply myself with food and other necessities as described below (please delete any that you will not use)

1. Online shopping and delivery to the door as follows: (indicate name of store and delivery service you have identified)

2. Catering service provided by my quarantine site with delivery to the door (incate name of catering service and other relevant

details: _____

3. Food dropped off at the door by family and friends (provide a list of friends/family, with their addresses and a means to contact them, who will help you get

food): _____

Health or Emergency Care

If I experience illness or symptoms of COVID-19, I will call the local health authorities at using the following phone number _____

I will go to a screening centre, medical clinic, or hospital and comply with health measures of wearing a mask or face covering as instructed by the authorities. Upon arrival, I will inform the staff that I have travelled abroad.

Financial Resources

I have a credit card and Canadian currency that will allow me to cover the costs of transportation, lodging, food, and health or emergency care, if necessary, to comply with the health measures in effect upon arrival, during my period of quarantine, and during my stay in Canada.

Declaration

I agree to stay in the location where I will spend my quarantine, and comply with all the measures above without going out to public places or having visitors.

Signature: _____

Name: _____

Date of birth: _____

Passport number: _____

NOTES:
