

Quarantine Plan

In order to comply with quarantine (self-isolation) procedures, state your trip details and how you plan to execute it, by completing the form below.

The CBSA officer evaluating your entry into Canada might ask for additional proof of the information that you provide on this form.

Primary Contact Information

Full Name: _____ Date of Birth: _____
Last First M.I. (YYYY/MM/DD)

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email: _____

Travel Information

Are there any additional travelers in your group? YES NO (If YES, each traveler should fill out their own form)

Arrival Date: _____ Airport of Arrival and Terminal: _____
(YYYY/MM/DD)

Arrival by? AIR SEA GROUND TRANSPORTATION

Airline / Flight Number (if applicable): _____

Passport Document Number: _____

Quarantine Plan

Do you have accommodations where you can quarantine for 14 days? YES NO

If "YES", quarantine type?: PRIVATE RESIDENCE WITH FAMILY COMMERCIAL (HOTEL) UNIVERSITY RESIDENCE OTHER _____

If "YES", what is the address where you will be staying:

_____ *Hotel Name Street Address Apartment/Unit #*

_____ *City Province Postal Code*

Do you need accommodation assistance to quarantine from anyone who is over 65 years old or who has heart disease, high blood pressure, asthma or other lung disease, diabetes, cancer, immune suppression or is taking prednisone medication? YES NO

Are you able to make the necessary arrangements for your quarantine period?
(e.g. food, medication, childcare, cleaning supplies, pet care)

YES NO

If "YES", how will you receive these necessities?

DELIVERY MEAL PLAN FRIENDS/ FAMILY TO PROVIDE OTHER _____

What form of transportation will you take to your quarantine location? (optional)

PRIVATE TRANSPORTATION PUBLIC TRANSPORTATION TAXI OR RIDE SHARE

Additional Information

If you have any other details that you would like to include for your quarantine plan, please add them here.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____
(YYYY/MM/DD)