

Support for Travelers Self-Isolation Plan

PRIMARY STUDENT CONTACT INFORMATION

First Name (Primary Contact)	Last Name (Primary Contact)	Date of Birth (yyyy/mm/dd)	
Phone Number	Email Address		
Home Address	City	Province/Territory	Postal Code

TRAVEL INFORMATION

Are there additional travelers in your group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	ADDITIONAL TRAVELLERS (Please list additional travelers)		
	First Name	Last Name	Date of Birth(yyyy/mm/dd)
Arrival Date (yyyy/mm/dd)			
Arrival By: <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Ground			
Airline/Flight number (if applicable)	Direct Flight? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please specify (city, country)	
Departure from (City, Country)	Arrival in (city, country)		

SELF-ISOLATION PLAN

Do you have accommodation arranged for yourself-isolation period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which city will you be isolating in?
If yes, what is the address and phone number of where you will be staying?	
If yes, isolation type? <input type="checkbox"/> With Host Family <input type="checkbox"/> With Parent(s) <input type="checkbox"/> Commercial (hotel)	
Do you need accommodation assistance to self-isolate from anyone who is over 60 years old or who has heart disease, high blood pressure, asthma or other lung disease, diabetes, cancer, immune suppression or is taking prednisone medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to make the necessary arrangements for your self-isolation period? (e.g. food, medication, child care, cleaning supplies, pet care). <input type="checkbox"/> Yes <input type="checkbox"/> No	
What form of transportation will you take to your self-isolation location? <input type="checkbox"/> Host Family Vehicle <input type="checkbox"/> Homestay Coordinator Vehicle <input type="checkbox"/> Parent(s) Vehicle <input type="checkbox"/> Taxi or Airport Bus	

CERTIFY DECLARATION

<input type="checkbox"/> I certify this to be accurate.	Student Signature:	Date:
<input type="checkbox"/> I certify this to be accurate.	Parent Signature:	Date: