Quarantine Plan, Contact Information & Attestation Form

**Prior to departing for Canada,** please complete and email this form to international@cmucollege.com.

**Personal Information**

|  |  |  |
| --- | --- | --- |
| Name: | CMU Student #: |  |
| Personal Email: | Phone Number: |  |
| Address in Canada: | Country of Origin: |  |
|  |  |  |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Contact Name: | Relationship: |
| Personal Email: | Phone Number: |
| Address in Canada: |  |

**Arrival Information** *(Plan to arrive at least 15 days prior to the start of your in-person studies.)*

|  |  |
| --- | --- |
| Arrival date *(MM/DD/YYYY):* | Airline: |
| Arrival time: | Flight #: |
| Arrival from (city and country): | Airport of entry into Canada: |

**Quarantine Plan**

|  |
| --- |
| Quarantine Location *(Name and address of hotel or accommodation provider)*: |
| Transportation to Quarantine Location *(Shuttle provided by your quarantine provider, taxi/limousine service, friend or other)*: |
| Do you have any health conditions or disabilities that may require additional support during the quarantine? NO YES *(If your answer is YES, CMU Administration will contact you with further information.)* |

**Attestation**

I have a quarantine site that will deliver 3 meals per day to my room or arranged grocery/food service to be delivered to my place of residence for 14 days *(i.e. Instacart delivery, Uber Eats)*.

There will be no planned or unplanned stops during travel to my quarantine site.

I have access to toiletries, cleaning supplies, linen, medication (if applicable), and other essential needs.

I have planned financially to support the cost of quarantine (meals, food, etc.) for 14 days in Canada upon my arrival.

I will have access to a phone and/or the internet for check-ins with CMU College staff and Public Health authorities.

I will not be staying with vulnerable populations and not be living in a communal or group setting during my quarantine.

I (and my co-arriving family members if applicable) will have my (our) own room(s) and bathroom(s) that are specifically assigned to me (us).

I will comply with Ontario Public Health requirements with regards to the Corona Virus Disease 2019 (COVID-19). I am aware of the requirement to comply with the Government of Canada’s Quarantine Act, including the penalties of violation of the Quarantine Act, which include up to 6 months in prison and/or $750,000 in fines.

I, *(Student Name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that I understand the importance of the quarantine procedure upon arrival in Canada and will comply with all the requirements provided by the Government of Canada for 14 days.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_