

PERSONAL INFORMATION

Last Name:	First Name:	Date of Birth: MM/DD/YYYY
Phone Number:	Email Address:	McGill ID number:
I'm admitted as: <input type="checkbox"/> resident <input type="checkbox"/> fellow	Program:	

TRAVEL INFORMATION

Date of Arrival:	Arrival by: <input type="checkbox"/> air <input type="checkbox"/> sea <input type="checkbox"/> ground	If by air, inform airline and flight number:
Country of origin:	Number of people accompanying you:	

QUARANTINE SELF-ISOLATION PLAN

Do you have accommodation/housing arranged for your quarantine self-isolation period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the address where you will be staying?	
If Yes, indicate the isolation type? <input type="checkbox"/> Private Residence <input type="checkbox"/> With Family <input type="checkbox"/> Commercial (hotel)	
Do you have assistance to help you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who?
Do you know where to buy food/medication/cleaning supplies, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What form of transportation will you take to your quarantine self-isolation location? <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi or Ride Share	

CERTIFY DECLARATION

<input type="checkbox"/> I certify the above information to be accurate and that I have read and understood the Mandatory quarantine guidelines established by the Canadian government, available at: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/2019-novel-coronavirus-information-sheet.html .

PRINTED NAME

SIGNATURE

DATE