



INTERNATIONAL STUDENT SELF-ISOLATION COMMITMENT PLAN

Personal Information

First Name:			
Last Name:			
Home Address:			
Email address:			
Phone Number in your Home Country:			
Phone Number in your Canada, if available:			
Nationality:			
Passport Number:			
Date of Birth:			

Arrival Information

Arrival Date:			
Port of Entry into Canada:			
Airline:		Flight Number:	
Arrival from (city, country):			

Self-isolation Plan

What form of transportation will you take to your self-isolation location? (Directions: delete the options that are not applicable)		
Personal vehicle	Rental	Taxi or Ride Share

Self-Isolation Location

What is the address where you will be staying for your 14-days self-isolation? Address:		
What type of accommodation is your place of self-isolation? (Directions: delete the options that are not applicable)		
Homestay	Hotel	With family

Confirmations

Have you made the necessary arrangements for your self-isolation period? (Directions: check yes or no)	Yes	No
a) Do you need accommodation assistance to self-isolate from anyone over 60 or anyone with heart disease, high blood pressure, asthma or other lung diseases, diabetes, cancer, immune suppression or is taking prednisone medication?		
b) Do you have access to a telephone or the Internet at your place of self-isolation for check-ins with your Arbutus College Student Advisor?		
c) Do you know how to order food and groceries online while in self-isolation?		
d) Do you have access to toiletries, cleaning supplies, and other basic needs while in self-isolation?		
e) Did you plan financially to support the cost of self-isolation (groceries, food, medical expenses) for 14 days in Canada before your first class at Arbutus College?		



ARBUTUS COLLEGE

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ACKNOWLEDGEMENTS

I have read, understood, and I am aware of the requirement to comply with the Government of Canada's Quarantine Act, including being aware of the penalties for violation of the Quarantine Act.

I understand that once I arrive at my place of self-isolation, the first thing I must do is notify Arbutus College Student Services by email of my whereabouts. I am aware that Student Services will contact me at random times during my 14-days self-isolation period. I know that if Student Services is unable to reach me on two occasions, I may have violated the Quarantine Act and may be subject to dismissal from Arbutus College.

I confirm that I have the appropriate **medical travel insurance**, effective as of the date of my travel to Canada, which includes coverage for Covid-19 during the self-isolation period. The medical travel insurance I purchased is for three months and will cover the period until my coverage under the BC Medical Services Plan starts.

Sign in the next box to acknowledge your agreement:	
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Submitted for approval to Arbutus College on:	Enter date
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Submitted for screening to the Government of BC on:	Enter date
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Print a hardcopy and bring it to your flight.