

VCA COVID19 – International Student Check In Sheet

Personal Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Passport Number: _____

Program Name: _____

Student Number: _____

Home Address:

First Emergency Contact Name: _____

Relationship with Emergency Contact: _____

Second Emergency Contact Name: _____

Relationship with Emergency Contact: _____

Flight Information Arrival Date: _____

Arrival Time: _____

Departing Country: _____

Flight Number: _____

Quarantine Plan Accommodation Name: _____

Accommodation Address: _____

Transportation to the accommodation: _____

Describe how 3 meals a day will be provided: (ex. Food delivery, room service, cooking)

Please confirm that you understand and agree with the following:

- I confirm that I will not be living with persons at high risk or in shared accommodation during the 14 days quarantine.
- I confirm that I am entering Canada with medical insurance that provides coverage for COVID-19.
- I confirm that I have access to sufficient funds to cover COVID-19 related costs, including testing.
- I confirm that I will follow all information provided in this document
- I understand and comply with the Government of Canada's Quarantine Act, including the penalties of up to \$750,000 in fines and/or 6 months in prison.
- I confirm that I have registered and downloaded the ArriveCan Application prior to arrival to Canada.

Print Name: _____ Signature: _____

Date: _____