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## INTERNATIONAL STUDENT QUARANTINE PLAN

### PERSONAL INFORMATION

Name (First, Last name)	
Passport Number	
Date of birth (yyyy/mm/dd)	
Country of origin	
Home address	

### ARRIVAL INFORMATION

Arrival date	
Arrival from	
Port of entry into Canada	
Arrival by (airline name and flight #)	

### QUARANTINE PLAN

Quarantine Location (Name and Address):

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Commitment to this plan

I, [STUDENT NAME] \_\_\_\_\_, confirm that I understand the importance of the quarantine procedure upon arrival in Canada, and will follow all criteria provided in this document, as well as all requirements provided by the Government of Canada, for a full 14 days.

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