

University of Lethbridge Quarantine Plan

Personal Details

Surname/Family Name: _____ First Name: _____

Date of Birth (DD/MON/YY): _____ uLethbridge ID number: _____

Email: _____ Phone number: _____

COVID-19 Vaccination Details

I am not fully vaccinated and plan to complete the 14-day quarantine requirement.

I am fully vaccinated and meet the [Government of Canada requirements of fully vaccinated travellers](#). Therefore, I am exempt from quarantine, and day-8 testing requirement. This plan is in case I am symptomatic, or I don't meet the requirements on arrival. I am prepared to book the below accommodation and transportation if needed.

Vaccine received: _____ Date of last dose: _____

Attach photo or PDF file of the record of each dose of your vaccination.

Travel Details

Arrival Date (DD/MON/YY): _____ Arrival Airport: _____ Quarantine Period End Date: _____

Accompanying Family Members

I will be travelling with (provide full name, age and relationship to you):

Transportation

I will use the following form of transportation to get from the airport to my place of quarantine:

Taxi/Uber Private vehicle (Family or Friend) Private Vehicle Service

Attach proof of booking or confirmation from your family/friend, with contact information.

I understand that I should avoid taking public transit to my place of quarantine.

I promise to:

Wear a non-medical mask/face covering during the entire journey, until I have arrived at my place of quarantine.

Travel directly from the airport to my place of quarantine without making any stops.

Accommodation

I will be quarantining for 14 days in the following type of accommodation:

- Hotel With family/friend In a private residence
- Other: _____ (please provide details)

Complete address of quarantine location:

Phone number at quarantine location: _____

List of all other people living or staying in the residence/place of quarantine (include their full names, ages and any health conditions):

Attach proof of accommodation, such as hotel reservation, confirmation letter or rental contract, with contact information.

I understand that I may not quarantine with any person who is 65 years or older, has underlying medical conditions, has a compromised immune system, or works or assists in a facility, home or workplace that includes at-risk populations,

I promise during my quarantine period:

- I will not leave my place of quarantine unless I require urgent medical attention. If quarantining in campus residence or a hotel, I understand this means I may not leave my room.
- I will only use a private balcony, and only if it is at a 2m or greater distance from others.
- I will not have guests, even if they are outside and a distance of 2m is maintained.

Complete the following section if your place of quarantine is a shared residence with family/friend/roommates. Please remember that you **cannot** quarantine in:

- a group or communal living setting, including camps or students' dorms unless the location is pre-authorized;
- a household with a large family or many people;
- a shared small apartment or similar setting

I promise:

- To remain alone as much as possible and avoid contact with others in the residence.
- To wear a mask in common areas and always maintain a distance of at least 2m if using common space at the same time as others is unavoidable.
- To use appropriate cleaning protocol to disinfect shared bathroom or kitchen after each use.

- To eat and sleep alone in a private space/room.
- Not to share utensils such as plates, cups, forks, spoons, etc.

Food, Necessities and Medication

How will you access food and other necessities (such as toiletries, toilet paper, cleaning supplies)? (Check all that apply)

- Grocery Delivery
- Meal Delivery App/Service
- Family/Friends
- Landlord

Provide details of all preparations and arrangements made:

Confirm that you have brought with you:

- At least a 30-day supply of all prescription medication you require.
- First aid supplies such as Advil/Tylenol, Pepto Bismol, Bandages, Thermometer, etc.

Finances

- I am financially prepared for the costs of my transportation, accommodation, and any food or necessities for my quarantine period and beyond.

Provide details of how you will pay for services (ex. credit card, Canadian cash, etc.):

Please note that most delivery apps and online ordering systems will require credit card (VISA or MasterCard). You must [declare to CBSA](#) currency or monetary instruments valued at more than CAN\$10,000 when crossing the border.

Health and Hygiene

- I understand that if I develop symptoms of COVID-19, I must contact the appropriate health authority. In Alberta, I will call 8-1-1 and follow all the instructions I am given.
- I will cover my mouth and nose when I cough or sneeze with my sleeve/elbow.
- I will wash my hands frequently for at least 20 seconds with soap and warm water, or use an alcohol-based hand sanitizer if these are not available.

Compliance

I agree to stay in the accommodation where I will spend my quarantine, without leaving to public places or welcoming visitors. I will respect hygiene measures, as recommended by [Alberta Health Services](#). If symptoms of COVID-19 appear, I will isolate myself and immediately call the local Public Health authorities and follow any instructions received.

I understand that my compliance with the requirements of the [Quarantine Act](#) is subject to verification and enforcement by the Royal Canadian Mounted Police. I understand that violating these requirements may result in 6 months in prison, \$750,000 in fines, and/or my removal from Canada.

I understand that I must follow and comply with this Quarantine Plan, including the Next Steps listed below.

Name: _____ Signature: _____ Date: _____

Next Steps

Complete all these steps before travelling to Canada.

1. Review these [Quarantine Requirements](#) for detailed information.
2. Submit this plan to international.new@uleth.ca for review. Once approved, we will issue a Letter of Support for your travel.
3. Download the [iCent app](#). You will be required to complete a check-in form everyday of your isolation period.
4. Login [here](#) with your uLethbridge credentials for instructions on how to download Office 365. You must open the Teams application on your computer or tablet and have it running each day. You will be required to answer calls through this app from an International Centre staff member 3 times/week.
5. Download the [ArriveCAN](#) app and:
 - Submit your quarantine plan and letters of support
 - Report your arrival at your place of quarantine within 48 hours after entering Canada
 - Report your COVID-19 symptom self-assessment every day until the end of your quarantine

I have read and understood these next steps. I understand that I will be reported to the provincial authorities if I fail to comply with these steps or if the International Centre staff are not able to contact me at any time during my quarantine period.