# 14-Day Quarantine / Isolation Plan for Mr. or Ms. X

## Transportation

When I arrive at (Canadian port of entry, e.g., X Airport) in the city of X, I plan to use the following private transportation to get to the transit point (city and specific location with address) or to the place where I will spend my quarantine (city and specific location with address):

Transport X, from Canadian port of entry X to X to (city and specific location with address). Planned health measures: Glass or Plexiglas separator between me and the driver, hand washing and disinfection, wearing a mask, etc. Provide proof of transportation reservation/payment.

Transport X, from Canadian port of entry X to X to (city and specific location with address). Planned health measures: Glass or Plexiglas separator between me and the driver, hand washing and disinfection, wearing a mask, etc. Provide proof of transportation reservation/payment.

Transport X, from Canadian port of entry X to X to (city and specific location with address). Planned health measures: Glass or Plexiglas separator between me and the driver, hand washing and disinfection, wearing a mask, etc. Provide proof of transportation reservation/payment.

I will make no stops anywhere on my way to my quarantine location, and I will wear a mask or face covering all the way there.

## Housing

The place where I will spend the 14 days of my quarantine—and more, if necessary—without the presence of vulnerable people (65 years of age or older or persons with underlying health problems) is as follows.

**Exact Address of the Location**

State whether you will be living alone or with others. If you think you will have to share the place with other people, explain the configuration of the rooms as well as the sanitary measures foreseen when using common spaces (e.g., bathrooms, kitchen, and living room). Provide written proof of your roommates' consent if you plan to spend your quarantine in the same place as them. Provide proof of reservation/payment for the place where you will spend your quarantine.

I also commit to complying with the following:

* Avoid being in a room at the quarantine site with anyone else, to the degree possible.
* Eat and sleep alone in a room at the quarantine site.
* Avoid contact with other people at the quarantine site, to the degree possible. If this is not possible, maintain a distance of at least 2 m between myself and others. Cover my nose and mouth if I have to get within 2 m of anyone.
* Air out the quarantine site and my room often by opening a window (weather permitting).

## Food and Hygiene Care

During my quarantine period, I plan to feed myself as described below.

Online shopping at X supermarket and delivery to the door.
Catering service provided by my quarantine site with delivery to the door.
A kitchen with restricted use subject to the following health measures:
Food dropped off at the door by family and friends. Provide a list of businesses or friends/family, with their addresses and a means to contact them, who will help you get food.

## Health or Emergency Care

If I experience illness or symptoms of COVID-19, I will call the local health authorities at 1-877-644-4545.

I will go to a screening centre, medical clinic, or hospital and comply with health measures of wearing a mask or face covering. Upon arrival, I will inform the staff that I have travelled abroad.

## Financial Resources

I have a credit card and Canadian currency that will allow me to cover the costs of transportation, lodging, food, and health or emergency care, if necessary, to comply with the health measures in effect upon arrival, during my period of quarantine, and during my stay in Canada.

## Declaration

I agree to stay in the location where I will spend my quarantine, without going out to public places or having visitors. I will comply with hygiene measures, as recommended by the Santé publique du Québec (provincial public health department). If I start having COVID-19 symptoms, I will isolate myself and immediately call Public Health (1-877-644-4545) and follow the instructions.

Signature

Name

Date of birth

Passport number

Add any proof of reservation or payment for your transportation and accommodation to your plan.