

## Suggested Quarantine Plan

I am aware of all current [federal](#) and [provincial \(Québec\)](#) quarantine obligations during the COVID-19 pandemic, and, if there are discrepancies between them, I will follow the most cautionary and stringent requirements.

Here are the contact details you can reach me at during my quarantine:

- Email:

- Phone:

Upon my arrival in Canada, I agree to observe a quarantine period of 14 days under the following conditions:

I will travel directly to my quarantine location by the following means of transportation (Specify means of transportation-taxi, private car, etc.)

My place of quarantine will be :

Address:

Name of hotel, if applicable:

- ✓ The following people also normally reside where I will be quarantining or they are travelling with me.<sup>1</sup> They are not vulnerable individuals,<sup>2</sup> they do not provide care for vulnerable individuals, and they are not health care workers. In addition, I will have my own bedroom that is separate from those used by people who have not travelled with me. *[If other people will be in the same place, give the names, ages, and **health of those people.**]:*
  
- ✓ I have (or My place of quarantine has) the necessities of life *[Give more details, such as soap, towels, sheets, toilet paper, thermometer, mask, etc.]*:
  
- ✓ I will arrange food supplies without leaving my place of quarantine as follows *[Give details about hotel food service options, grocery stores, and/or restaurants near your place of quarantine with delivery services (business names), etc.]*:

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<sup>1</sup> No other scenarios are allowed.

<sup>2</sup> They do not have **any** underlying medical conditions that would make them susceptible to COVID-19 complications. They do not have a weak immune system due to any health problems or medical treatment. Also, they are not 65 years of age or older.

- ✓ I will arrange getting over-the-counter medication without leaving my place of quarantine as follows *[Give details about the medication you have with you and the pharmacy (name) that can deliver more if needed]:*
  
- ✓ I have the following prescription drugs with me and enough for one month *[If this applies to you, give details about the prescription drugs you have with you]:*
  
- ✓ I will have access to the financial resources I need for my quarantine as follows *[Provide as much proof as possible that you have immediate access to enough funds to cover for the cost related to the quarantine period: bank account summary, **credit card** that has a sufficient limit and that **works in Canada**, etc.]*:

AGREEMENTS *[Keep only the points that are relevant to your situation; you can add more if necessary]*

As I travel to my place of quarantine, I agree to:

Wear an appropriate non-medical mask or face covering during the journey, unless I am alone in a personal vehicle.

Practise physical distancing at all times and avoid stops and contact with others during the journey.

In the place where I am staying, I agree to and confirm the following:

There are no vulnerable individuals (adults 65 and over or people who have health conditions or a weak immune system).

There are no health care workers.

If there are other people living in my place of quarantine: I will avoid contact with people who did not travel with me; I will stay on my own as much as possible in my own room; I will minimize my movement in common areas; I will minimize my contact with other people; and I will wear a mask if I have to come within two metres of other people.

If I have to share a bathroom with other people, I will disinfect the surfaces of the shared bathroom each time after I use it.

If I have to use other common areas, I will disinfect the surfaces of those areas after each use.

I will air out rooms I use, as much as possible.

I will not have any guests, even if I am outside and keep a distance of two metres or wear a mask.

I will avoid using the shared spaces, such as lobbies, courtyards, restaurants, gyms, and pools, in apartment buildings or hotels.

I will stay two metres apart from other people if I go out on my balcony or into my private yard.

I will not share any personal items with others, including plates, utensils, glasses, towels, sheets, and clothing.

I will avoid contact with animals.

With regard to providing for myself, I agree to:

Use the home delivery service of a grocery store or pharmacy and maintain a contact-free delivery of two metres, if no one is helping me with my groceries or medication.

Maintain a contact-free delivery of two metres, if someone is helping me with my groceries or medication.

During my quarantine, I agree to:

Use [ArriveCAN](#) or call 1-833-641-0343 to confirm that I have arrived at the address I provided for my quarantine, within 72 hours of arriving.

Use [ArriveCAN](#) or call 1-833-641-0343 to complete daily COVID-19 symptom self-assessments during my quarantine period.

Answer any phone calls from the Government of Canada from 1-888-336-7735.

**Not leave my place of quarantine during the 14 days of isolation**, except in an emergency, such as a medical emergency. In the event of an emergency medical consultation, I will notify the emergency services and healthcare personnel that I am currently in quarantine after arriving from abroad, and I will follow all their instructions. In addition, I will wear a mask, practise physical distancing with others as much as possible, and disinfect my hands regularly.

Have no scheduled medical-related appointments during the quarantine period.

Wash my hands often with soap and warm water for 20 seconds or with a solution containing at least 60% alcohol until my hands are dry, especially after eating, after using the toilet, and whenever my hands are dirty.

Avoid touching my face as much as possible. I will sneeze or cough into either a tissue or the crook of my arm, and I will blow my nose into a tissue. If I use a tissue, I will throw it into the garbage and wash my hands as soon as possible.

Isolate myself from others if COVID-19 symptoms appear and call the COVID-19 hotline (1-877-644-4545) and follow the instructions given.

Undergo the COVID-19 tests required by the Québec government and federal government

If you are exempt from quarantine :

I agree to abide by the health measures in place at the local, state and federal level.

I agree to respect the physical distance at all times in public places.

I agree to keep my proof of vaccination during my first 14 days in Canada.

I agree to make a complete list of all persons with whom I will be in close contact for the first 14 days following my arrival in Canada.

In addition, I am aware that:

I could be checked on to make sure I am not breaking my quarantine. I could be moved to a quarantine facility if I break my quarantine or if I test positive for COVID-19.

I will have to quarantine again for a new 14-day period if COVID-19 symptoms appear during my quarantine, if I am exposed to COVID-19, or if I test positive for COVID-19.

My quarantine could be longer if the test result from the COVID-19 test conducted toward the end of the quarantine arrives later than day 14 of my quarantine.

There are serious consequences for not abiding by the quarantine (a fine of up to \$750,000, up to six months of jail time, and, as a foreigner, being removed from Canada and banned from entering for one year).

Failure to abide by the quarantine may constitute other criminal offences.

Name:

Date:

Signature: