



HALIFAX LANGUAGE INSTITUTE OF CANADA

Personal Quarantine Plan

PERSONAL INFORMATION:

Full Name: _____ | HLIC Student #: _____

Passport number: _____ | Date of birth (yyyy/mm/dd): _____

Country of origin: _____

Home address: _____

ARRIVAL INFORMATION:

Arrival date: _____ | Port of entry into Canada: _____

Airline name: _____ | Flight #: _____

QUARANTINE PLAN:

Please indicate your quarantine location.

Name of property: _____

(Name of hotel, name of apartment building and superintendent, name of house owner or landlord)

Complete address: _____

Telephone number of property: _____

Email of contact person: _____

(if you are staying in a hotel, you can leave this blank)



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I confirm that the following are provided by the quarantine site: *Confirm with your initials.*

- _____ Three meals/day, delivered to my room OR grocery that will be delivered to my place of stay;
- _____ access to needed toiletries, linen, cleaning supplies, and laundry facility;
- _____ bedroom and bathroom spaces that are not shared and only I have access to;
- _____ and access to internet or Wi-Fi connection.

**Please attach the booking confirmation to this form to have your quarantine plan approved by HLIC.*

TRANSPORTATION TO QUARANTINE LOCATION

Please arrange transportation with Halifax Airport Taxi Service. Both of the following companies offer flat rates to and from the airport and adhere to Covid-19 safety protocol. *Initial the booking company you used.*

_____ Halifax Airport Taxi Cab

_____ Halifax Airport Limo Taxis

**Please attach your booking confirmation to this form to have your quarantine plan approved by HLIC*

HEALTH INSURANCE:

I have arranged health insurance that includes COVID-19 expenses from the moment I enter Canada. The details are as follows:

GuardMe International Health Insurance information:

Policy start date: _____

Policy number: _____

**Please attach the confirmation of your insurance (GuardMe card or receipt from GuardMe that includes the policy number) to this form to have your quarantine plan approved by HLIC*



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COMMITMENT TO THIS PLAN:

I, _____, hereby promise that I will follow all criteria provided in this document, as well as all requirements provided by the Government of Canada and the province of Nova Scotia, for a full 14 days.

I understand the importance of the quarantine procedure upon arrival in Canada and any violation of the mandatory quarantine requirement can result in a:

- _____ \$750,000 fine;
- _____ up to 6-months of imprisonment;
- _____ and 1-year inadmissibility to Canada.

(Confirm that you understand each penalty by writing your initials.)

Signature: _____ Date: _____

HLIC CONFIRMATION:

I confirm that the student has created this Personal Quarantine Plan in consultation with me to verify that it meets the obligations of Public Health Services of Canada.

Signature: _____ Date: _____

Printed name: _____ Position: _____

Phone (24/7): _____ Email: _____