



RIE Isolation Information for Travellers

PRIMARY CONTACT INFORMATION

Student First name	Student Last Name	Date of Birth (yyyy/mm/dd)	
Phone Number	Email		
Address in Canada	City	Province	Postal Code

TRAVEL INFORMATION

Are there additional travellers in your group? Yes No If yes, → Number of additional travellers in your group		Additional Travellers <i>(Please list all travellers)</i>		
	First Name	Last Name	Date of Birth (yyyy/mm/dd)	Relationship
Arrival date (yyyy / mm / dd)				
Airline / Flight Number				
Arrival From (City, Country)				

SELF ISOLATION PLAN

Are you fully vaccinated and exempt from isolation requirements? Yes No	If yes, when did you receive your final vaccine shot?	What is the name of the vaccination you received?
Are you required to isolate for 14 days? Yes No		
If yes, have you booked your 3-day stay at a government-authorized hotel? Yes No Not applicable*		
<i>*Unaccompanied minors (under the age of 18) are considered exempt from the mandatory 3-day stay in a Government-Approved Accommodation (GAA).</i>		
If yes,		
Please provide information about your first 3-day self-isolation plan.		
Hotel name	Hotel address	
Please provide information about your final 11-day self-isolation plan. (If different from above)		
Address	Contact person	
Local Phone number	Email	
Relationship: Custodian Relative Friend RIE Homestay Private Homestay Other		
If no and not applicable,		
Please provide information about your 14-day self-isolation plan. Note: all travellers need an isolation plan even if they are exempt from quarantine.		
Address	Contact person	
Local Phone number	Email	
Relationship: Custodian Relative Friend RIE Homestay Private Homestay Other		
Where will you be living once you have completed your 14-day isolation if different from above?		
What form of transportation will you take to your self-isolation location? Personal Vehicle Public Transportation Taxi or Ride Share		

RESPONSIBLE PERSON

Who will be responsible for this student during isolation?	Name	Local phone number	Email
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CERTIFY DECLARATION

I certify this information is accurate	Name	Date (yyyy/mm/dd)
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