



Self-Isolation Plan

Accommodation

Purpose for visiting Nova Scotia? _____

Telephone: Primary _____ Cell _____

Email: _____

Self-quarantine Address _____

City/town/country: _____ Province: _____

Primary contact for the household: _____

Type of household in which you will be self-isolating (choose one):

 Private Housing Shared Housing Hotel/B&B/airbnb

 If you are living with roommates, do you have a separate room? Yes No

 If you are living with roommates, do you have a separate bathroom? Yes No

If you answered no to the above questions, how do you plan on self-isolating with roommates?

Other Household Members	First Name	Last Name	Are they also required to self-isolate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation to Place of Quarantine

 Do you have transportation to your isolation premise? Yes No

Arrival Method	Date	Pickup Time from Halifax Airport
Acadia Airport Service		
Taxi		
Bus		
Private Transportation		

Getting Essential Items

Do you have enough prescriptions for 14 days of self-isolation? Yes No N/A

Do you have enough supplies for 14 days of self-isolation?
(Food, cleaning supplies, etc.) Yes No

How do you plan on getting your essential items (groceries, medications, personal hygiene items, etc.)?

If your essential items are being delivered, please provide the name and contact information of the person who will deliver them:

Healthcare Coverage

As an international student at Acadia University, I have health insurance provided by Sunlife.

If I believe I have contracted symptoms of COVID-19 during my self-isolation period, Acadia has facilitated a daily check-in by an Occupational Health Nurse on staff for on- and off-campus students.

I am aware that if I do not follow my self-isolation plan, the following consequences apply:

- a fine of up to \$750,000
- 6 months of jail time
- being found inadmissible, removed from Canada and banned from entering for 1 year

I certify that my quarantine plan is true and complete, and/or my household and I will abide by it. I acknowledge the importance of complying with the orders and that if do not comply, I will be penalized.

Name (please print):

Signature:

Date:

