

PRIMARY CONTACT INFORMATION

First Name (primary contact)	Last Name (primary contact)	Date of Birth (yyyy / mm / dd)	
Phone Number	Email (optional)		
Home Address	City	Postal Code	Country

TRAVEL INFORMATION

Arrival Date (yyyy / mm / dd)	Arrival by <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Ground
Airline/ Flight Number (if applicable)	Arrival from (City, Country)

SELF ISOLATION PLAN

Do you have a place where you can quarantine for 14 days or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you planning on sharing this place with anyone else during your quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, in which city will you complete your 14-day self-isolation?	If Yes, what is the address where you'll be staying?
If Yes, isolation type? <input type="checkbox"/> Private Residence <input type="checkbox"/> With Family <input type="checkbox"/> Commercial (Hotel)	
Are you able to make or will you have support for the necessary arrangements for your self-isolation period without leaving your place of quarantine? (i.e. food, medication, cleaning supplies, health and wellness support etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
What form of transportation will you take to your self-isolation location? <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi or Ride Share <input type="checkbox"/> Private Transportation	

CERTIFY DECLARATION

<input type="checkbox"/> I certify this to be accurate.	Signature
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