



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

TRAVEL INFORMATION

Are There Additional Travellers in Your Group? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Number of additional travellers in your group: _____	ADDITIONAL TRAVELLERS <i>(please list all additional travellers)</i>		
	First Name	Last Name	Date of Birth (yyyy / mm / dd)
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 accommodation arranged for your self-isolation period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which city/town will you be isolating in?
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)	
Do you need accommodation assistance to self-isolate from anyone who is over 60 years old or who has heart disease, high blood pressure, asthma or other lung disease, diabetes, cancer, immune suppression or is taking prednisone medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to make the necessary arrangements for your self-isolation period? (e.g. food, medication, child care, cleaning supplies, pet care). <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	

CERTIFY DECLARATION

<input type="checkbox"/> I certify this to be accurate
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Signature Over Printed Name

Date