

INTERNATIONAL STUDENT QUARANTINE PLAN FORM

Name:
Destination City:
How I will travel to my destination:
☐ Pick-up arranged by Portage College☐ I have made personal arrangements
Accommodation at my destination:
Address:
will be living at this address for 14 days fromtoto
I have ensured that there are no persons vulnerable to COVID-19 at the residence where I will live, including those who have an underlying medical condition, compromised immune system from a medical condition or treatment, or are 65 years of age or older.
What I will do in case of symptoms:
If I start having symptoms of COVID-19 (cough, shortness of breath, or a fever equal to or greater than 38 degrees Celsius, or signs of a fever: e.g. shivering, flushed skin, excessive sweating), I will immediately call the Housing Office 780-623-5573, and follow their instructions. During weekends and holidays, please call the Alberta Health Link by dialing 811.
My understanding of the self-isolation requirements:
understand that self-isolation requires me not to be in physical contact with any persons in connection with Portage College or in Lac La Biche County while in self-isolation.
have read the information on self-isolation as provided by Government of Canada
Signature: Date: