



PRIMARY CONTACT INFORMATION

Form with fields: First Name (primary contact), Last Name (primary contact), Date of Birth (yyyy / mm / dd), Phone Number, Email (optional), Home Address, City, Province or Territory, Postal Code

TRAVEL INFORMATION

Form with sections: Are There Additional Travellers in Your Group?, ADDITIONAL TRAVELLERS (please list all additional travellers), Arrival Date, Arrival By, Airline / Flight Number, Arrival From

SELF ISOLATION PLAN

Form with questions: Do you have accommodation arranged for your self-isolation period?, If Yes, what is the address where you'll be staying?, If Yes, isolation type?, 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?, Are you able to make the necessary arrangements for your self-isolation period?, What form of transportation will you take to your self-isolation location?

CERTIFY DECLARATION

Form with checkbox: I certify this to be accurate

Proceed to the provincial check point, if available at your location, where you may be asked to confirm how you will comply with the provincial order to self isolate.

Collection Notice

Your personal information as well as those of your household is collected by the Ministry of Health under the authority of sections 26(a), (c), (e) and s. 27(1)(a)(iii) of the Freedom of Information and Protection of Privacy Act, the Public Health Act and the federal Quarantine Act, for the purposes of reducing the spread of COVID-19. Personal information may be shared with personnel providing support services and follow-up during self-isolation. Should you have any questions or concerns about the collection of your personal information please contact:

Title: Ministry of Health, Chief Privacy Officer

Telephone: 236-478-1666