

Contact Information First name (primary contact

First name (primary contact)		Last name (primary contact)	
Date of birth (MM/DD/YYYY)		Please provide a contact phone number	
Home address		City	
Province/Territory		Postal Code	
Email address to receive a copy of the form			
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Fravel Information			
Number of additional travellers in your group	9?		
For each traveller, please list their last name, first name and date of birth		D	
Last Name	First Name	Date of Birth (MM/DD/YYYY)	
Arrival Date (MM/DD/YYYY)		Arrival by? ☐ Air ☐ Sea ☐ Ground transportation	
Airline / Flight number		Arrival from (City, Country)	
Allillie / Filight Humber		(3.5), 334,	

support-for-travellers 1/2

support-for-travellers			
Essential Worker			
Are you an essential worker?			
☐ Yes ☐ No			
If Yes, please describe your employment / role?			
Plan Elements			
Do you have accommodation arranged for your self-isolation period? Yes No			
If Yes, which city will you be isolating in?			
If Yes, what is the address where you'll be staying?			
If Yes, isolation type?			
O Private residence			
○ With family			
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?			
☐ Yes ☐ No			
Are you able to make the necessary arrangements for your self-isolation period? (e.g. food, medication, child care, cleaning supplies, pet care). O Yes No			
What form of transportation will you take to your self-isolation location?			

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

Certify declaration

I certify this to be accurate

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

Personal vehicle Public transportation Taxi or Ride Share

Telephone: 236-478-1666 Email: <u>Alison.Pearce@gov.bc.ca</u>