

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:

Name/Title: Alison Pearce, Chief Privacy Officer
Address: PO Box 9636 STN PROV GOVT
Victoria BC V8W 9P1
Telephone: 236-478-1666
Email: Alison.Pearce@gov.bc.ca

Contact Information

| | |
|---|---------------------------------------|
| First name (primary contact) | Last name (primary contact) |
| <input type="text"/> | <input type="text"/> |
| Date of birth (MM/DD/YYYY) | Please provide a contact phone number |
| <input type="text"/> | <input type="text"/> |
| Home address | City |
| <input type="text"/> | <input type="text"/> |
| Province/Territory | Postal Code |
| <input type="text"/> | <input type="text"/> |
| Email address to receive a copy of the form | |
| <input type="text"/> | |

Travel Information

Number of additional travellers in your group?

For each traveller, please list their last name, first name and date of birth

| Last Name | First Name | Date of Birth (MM/DD/YYYY) |
|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Arrival Date (MM/DD/YYYY)

Arrival by?

Air Sea Ground transportation

Airline / Flight number

Arrival from (City, Country)

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?

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).

Yes No

What form of transportation will you take to your self-isolation location?

Personal vehicle Public transportation Taxi or Ride Share

Certify declaration

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