

International Student 14-Day Mandatory Quarantine Report

Name: _____

Student # _____

Contact Tel: _____ Contact Email: _____

DAY OF QUARANTINE	COMMENTS:
Contact upon arrival from Airport (Include Date and Time of Call)	
Contact upon Arrival at Quarantine Location (Include Date and Time of Call)	
DAY 1 (Include Date and Time of Call)	
DAY 2 (Include Date and Time of Call)	
DAY 3 (Include Date and Time of Call)	
DAY 4 (Include Date and Time of Call)	
DAY 5 (Include Date and Time of Call)	
DAY 6 (Include Date and Time of Call)	
DAY 7 (Include Date and Time of Call)	
DAY 8 (Include Date and Time of Call)	
DAY 9 (Include Date and Time of Call)	
DAY 10 (Include Date and Time of Call)	
DAY 11 (Include Date and Time of Call)	
DAY 12 (Include Date and Time of Call)	
DAY 13 (Include Date and Time of Call)	
DAY 14 (Include Date and Time of Call)	
QUARANTINE COMPLETED SUCCESSFULLY	YES NO
SIGNATURE OF SCHOOL REGISTRAR:	FINAL COMMENTS: