



Address Verification and Self-Isolation Form

CONFIDENTIAL

Fairleigh Dickinson University is concerned with the good health of all its students. For your own welfare, it is essential that Fairleigh Dickinson be aware of any pre-existing health problems or illness so that proper care and attention can be administered when necessary. Fairleigh Dickinson University, a private, not-for-profit American university operating in the province of British Columbia, Canada, is committed to protecting the confidentiality of the personal information of its students and employees by ensuring compliance with the *Personal Information Protection Act (PIPA)*. The University collects, uses and maintains personal information from students and employees, at both its Vancouver campus and its U.S. campuses in New Jersey, in a manner that is consistent with *PIPA* guidelines. For further information about the University's privacy policy, please contact the University's privacy officer at privacyofficer@fdu.edu.

STUDENT PROFILE (to be completed by the student)

Name: Last: _____
First: _____

FDU Student Number: _____

Airline / Flight Number to Canada: _____

Date and Time of Arrival in Canada: _____

Address in **Canada for Self-Isolation:**
Street Address _____
City _____
Province/State _____ Postal Code _____

Address in **your home country:**
Street Address _____
City _____
Country _____ Postal Code _____

Canadian Mobile Phone Number: _____

Home Country Mobile: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Contact Person in HOME COUNTRY:

Name: _____
Relationship: _____ Phone: () _____

Contact Person in Canada:

Name: _____
Relationship: _____ Phone: () _____

SELF-ISOLATION QUESTIONS

1. Will you be isolating with other people? If so, please provide their names and relationship to you.

2. Are you able to make the necessary arrangements for your self-isolation period? (e.g. food, medication, child care, cleaning supplies, pet care).

MEDICAL HISTORY: Known Medical Conditions

- 1 Do you have any other medical conditions that Fairleigh Dickinson University should be aware of?

2. Are you currently taking any medications that Fairleigh Dickinson University should be aware of?

CERTIFICATION OF ACCURACY AND CONSENT

The personal information collected in this questionnaire will be used for the purposes of providing the proper card when completing room allocations or emergency care.

In signing this form I:

1. Agree to the disclosure of the personal information contained to the appropriate University personnel and/or medical professionals as may be required.
2. Agree that the information provided in the Address Verification Form and Medical Questionnaire to be accurate to the best of my knowledge.
3. As a student of Fairleigh Dickinson University, I give my permission to be treated by a medical professional assigned by the University in the event of an injury or illness.

Your Signature: _____ Date: _____

PARENTAL GUARANTEE:

To be completed and signed if the applicant is under the age of 18 at the time of signing.

I, _____ parent/guardian of _____
(Surname/Given Name) (Applicant's Surname/Given Name)

have reviewed the information provided in this Medical Questionnaire and agree to the accuracy of the information and to all terms outlined above.

Signature: _____ Date: _____

Witness: _____ Date: _____

In order to maintain a level of safety for the Campus Premises and the community, Fairleigh Dickinson University Campus reserves the right to refuse, change or terminate any applicant's contract if it becomes apparent that essential medical information was withheld or that a physical or mental condition adversely affects the well being of other occupants.

For Office Use Only	
Date Received: _____	Staff Initial _____