



PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you had any of the following symptoms in the past 14 days?



Fever



Runny nose



Cough



Not feeling well



Difficulty breathing



Loss of taste or smell



Sore throat



Nausea, vomiting or diarrhea



Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?



Have you or anyone in your household returned from travel outside of Canada in the past 14 days?



If you answered **YES** to any of the questions above, **DO NOT** enter the building. Go home and self-isolate immediately.

Call Telehealth or your health care provider to determine if you need a COVID-19 test.