



COVID-19

Do you have any of the following new or worsening symptoms?



Fever/Chills



Cough



Difficulty breathing/
Shortness of breath



Sore throat/
Difficulty swallowing



Runny nose
(unrelated to
seasonal allergies)



Loss of taste
or smell



Not feeling well,
headache, unexplained
tiredness and muscle aches



Nausea, vomiting,
diarrhea,
abdominal pain



- In the last 14 days**, have you had close physical contact with a person who:
- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
 - has returned from travel outside of Canada in the last 14 days?
 - was a confirmed or probable case of COVID-19?



In the last 14 days, have you travelled outside of Canada?

If you answered YES to any of these questions, please speak with a staff member who will assist you.