



COVID-19

Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic, or pre-existing conditions?



**Fever/
chills**



Cough



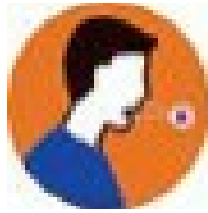
**Difficulty
breathing**



**Sore throat/
trouble swallowing**



**Runny Nose/
conjunctivitis (pink eye)**



**Loss of taste or smell/
Loss of appetite**



**Not feeling well/
headaches/fatigue**



**Nausea, vomiting,
diarrhea, muscle aches**



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



Have you returned from travel outside Canada in the past 14 days?



If you answered YES to any of these questions, go home and self-isolate right away.