



# COVID-19

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

**One of the following:**

- Fever/chills
- Cough
- Difficulty breathing
- Sore throat/hoarse voice
- Loss of taste or smell
- Not feeling well
- Vomiting, diarrhea

**Or**

**Two of the following:**

- Muscle ache/pink eye
- Headache/nausea
- Fatigue
- Skin rash
- Loss of appetite
- Runny nose



**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 Manitoba (excluding Western Canada, the Territories, or Ontario west of Terrace Bay) in the past 14 days?**



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