



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



Cough



Difficulty breathing



Sore throat



Runny nose



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



**Not feeling well/
headaches/fatigue**



**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 of the Northwest Territories in the past 14 days?



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