



# 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**



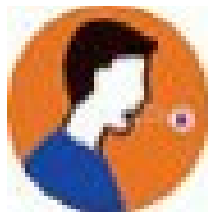
**Difficulty  
breathing**



**Sore throat/  
painful swallowing**



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



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



**Not feeling well/  
headaches/fatigue**



**Nausea, vomiting,  
diarrhea, muscle or  
joint aches, dizziness**



**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.**