



COVID-19

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



Fever (= or $>37.8^{\circ}\text{C}$)
/chills



Cough



Difficulty breathing/
shortness or breath



Sore throat,
trouble swallowing



Runny nose
(unrelated to allergies)



Loss of taste
or smell



Not feeling well,
headache, unexplained
tiredness & muscle aches



Nausea, vomiting,
diarrhea,
abdominal pain



2. Has a doctor, health care provider, or public health unit told you that you should currently be **isolating** (staying at home)?



3. Have you been identified as a “close contact” of someone who currently has COVID-19 in the **last 14 days**?

4. Have you received a COVID Alert exposure notification on your cell phone in the **last 14 days** (and have not been tested or waiting for your result)?



5. Have you or anyone you live with travelled outside of Canada in the **last 14 days**?*

* Not applicable if you or anyone you live with are exempted from federal quarantine as per the *Quarantine Act*. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you answer **YES** to any one of the questions above, **PLEASE DO NOT** enter this location **AND** contact your health care provider.