



# COVID-19 Please complete daily or before entering.

## 1.) Do you have any of the following new or worsening symptoms?\*



Fever > 37.8°C



Cough



Difficulty breathing or shortness of breath



Sore throat, painful swallowing



Runny/stuffy nose



Decrease or loss of taste or smell



Nausea, vomiting, diarrhea



Muscle aches or extreme tiredness that is unusual

\* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.

2.) Have you travelled outside of Canada in the past 14 days?

3.) Have you had close contact with someone who currently has COVID-19?

4.) Have you been instructed to stay home and self-isolate?

5.) In the last 14 days, have you received a cell phone COVID Alert exposure notification?

**If you answered YES to any of these questions, go/stay home, self-isolate and contact an assessment centre or your health care provider.**

If you answered **NO** to all of these questions, you have passed and can go to work/attend your activity.

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