



COVID-19

Please complete daily or before entering.

1. Do you, or any of your household members 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



Not feeling well, extreme tiredness or sore muscles



Pink eye or headache

* If the symptomatic individual has an existing health condition that gives these symptoms, you should not answer YES, unless the symptom is new, different or getting worse.

2. In the past 14 days, have you or anyone you live with travelled outside of Canada?

(Does not apply to individuals who are exempt from federal quarantine as per Group Exemptions, Quarantine Requirements)

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

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

5. Is anyone you live with currently experiencing new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

6. In the last 14 days, have you received an alert exposure through the COVID app?

If you answered YES to question 1, you, and all household contacts, must isolate until the symptomatic individual receives a negative COVID-19 result or alternate diagnosis from a healthcare provider. If you answered YES to questions 2,3,4, or 5, self-isolate and follow the direction of public health. If you answered NO to all of these questions, you have passed and can go to work/attend your activity.

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