



ARE YOU FEELING SICK?

1. Do you have any one of these symptoms?



FEVER?

(Temperature of 37.8 degrees Celsius or higher)



A COUGH THAT'S NEW OR GETTING WORSE? LOSS OF TASTE AND/OR SMELL?



ARE YOU OUT OF BREATH, OR NOT ABLE TO TAKE DEEP BREATHS?

Or any 2 of these symptoms:

- Difficulty swallowing
- Digestive issues not related to other known causes/ conditions (*nausea/vomiting, diarrhea, stomach pain*)
- Extreme tiredness that is unusual (*lack of energy*)
- Headache
- Sore throat
- Runny Nose (no other cause ex. Allergies)
- Muscle aches

2. Have you tested positive for COVID-19 in the past 10 days?

- On a PCR or Rapid Test

3. Has a doctor, health care provider, or public health unit told you to isolate (stay at home)?

If you answer “YES” to any of the questions or your answer changes to “YES” while in the location:

- You must not enter the location, or you must immediately leave if you are already inside. Tell the location supervisor right away.

What should I do if I answer “NO” to all the questions?

- You are cleared to enter.

