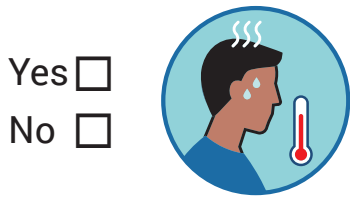




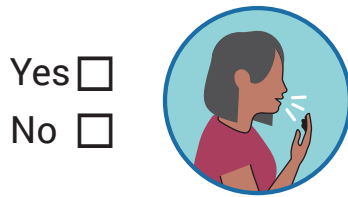
# COVID-19 Screening Tool

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

If you regularly have any of these symptoms and they have not changed or worsened, DO NOT answer YES.



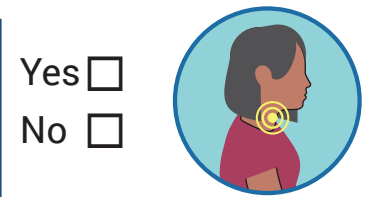
Fever or chills



Cough



Difficulty breathing or shortness of breath



Sore throat, trouble swallowing



Runny or stuffy nose



Decrease or loss of taste or smell



Nausea, vomiting, diarrhea



Fatigue, malaise, headache

## 2. \* Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE?

Yes  No

\* Except for Health Care Providers who use appropriate PPE

## 3. \*\* Have you travelled outside of Canada in the past 14 days?

Yes  No

\*\* Except for essential travel workers

If you answered YES to any of these questions, go home & self-isolate. Call Telehealth or your health care provider to find out if you need a test.

If you answered NO to all of these questions, you can go attend your activity.

The following questions are used to screen for COVID-19 before entry, as per direction from the Medical Officer of Health.