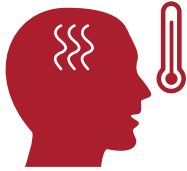


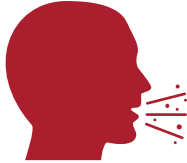
COVID-19 SCREENING TOOL FOR THE WORKPLACE.

DO YOU HAVE ANY OF THE FOLLOWING...

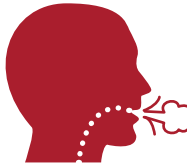
** If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.*



Fever or chills



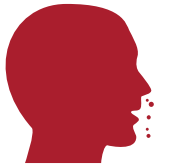
Cough



Difficulty Breathing, shortness of breath



Sore throat, trouble swallowing



Runny/stuffy nose



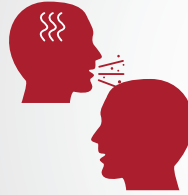
Decreased or loss of taste or smell



Nausea, vomiting, diarrhea



Not feeling well extreme tiredness, sore muscles



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



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



If you answered **YES** to any of these questions, go home and 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 have passed and can go to work/attend your activity.

These questions are used to screen for COVID-19 before entry into a workplace (business or organization).