

COVID-19 SELF-ASSESSMENT

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELLED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER THE BUILDING.

Questionnaire:

Are you experiencing any of the following symptoms with unknown cause?

- Fever (37.8 degrees Celsius or greater)
- New or worsening cough
- Shortness of breath
- Difficulty breathing
- Chills
- Sore throat or difficulty swallowing
- Loss of taste or smell
- Nausea / vomiting
- Diarrhea
- Abdominal pain

Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days?

Have you or anyone from your household travelled outside of Canada?