



**General Facility Check Point**

If you answered **YES to ANY** of the questions below you are **not allowed** to enter the facility

**1.** In the last **14 days**, have you

**travelled** outside of Canada?\*

been identified by Public Health as a **close contact or had close contact** with someone that is a confirmed or probable case of COVID-19? **OR**

**2.** Have you, or individuals in your home **tested positive for COVID-19**, and **not** received clearance from public health?

**OR**

**3.** Do you have any of the following **symptoms**?

**Fever** (temperature  $\geq 38.0$  Celsius)

**New or worsening respiratory symptoms NOT RELATED** to seasonal or environmental allergies, i.e.

cough or sore throat

runny nose

shortness of breath

difficulty breathing

**New onset atypical** symptoms including

loss of sense of smell or taste

headache

diarrhea, nausea/vomiting

aches and pains or chills

loss of appetite

fatigue or weakness