



# COVID-19

**Do you have any of the following (new or worsening):**



**Fever**



**Cough**



**Difficulty breathing**



**Sore throat, trouble swallowing**



**Runny nose or red eyes**



**Loss of taste or smell**



**Not feeling well, tired or sore muscles**



**Nausea, vomiting, diarrhea**



**Have you been in close contact with someone who has confirmed COVID-19 in the past 14 days without wearing appropriate PPE?**



**Have you returned from travel outside Canada in the past 14 days?**



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