



By entering this facility, you acknowledge and agree that you have answered NO to the following COVID-19 symptom screening questions:

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

Symptoms should not be chronic or related to other known causes or medical conditions that you are already aware of.

If you answer “Yes”, to any of the questions below, entrance to the facility is prohibited.

Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
Shortness of breath	Not related to asthma or other known causes or conditions you already have
Sore throat	Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
Difficulty swallowing	Painful swallowing not related to other known causes or conditions you already have
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
Pink eye	Conjunctivitis not related to reoccurring styes or other known causes or conditions you already have
Runny or stuffy/congested nose	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
Headache	Unusual, long-lasting not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have
Digestive issues like nausea/vomiting, diarrhea, stomach pain	Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
Muscle aches	Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)
Extreme tiredness	Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
Falling down often	Falling down often

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

In the last 14 days, have you travelled outside of Canada?

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, YOU WILL BE REFUSED ENTRY.

PLEASE DO NOT PROCEED FURTHER INTO THE FACILITY.