



## COVID-19 SCREENING QUESTIONS

### Do you or your child or any member of your household have any of the following symptoms?

- Fever (37.8C Or Higher)
- New/Worsening Cough
- Shortness of Breath
- Sore Throat
- Difficulty Swallowing
- New Olfactory or Taste Disorders (Loss of Smell/Taste)
- Nausea/Vomiting
- Diarrhea
- Abdominal Pain
- Runny Nose/Nasal Congestion (Except Seasonal Allergies, Nasal Drip, Etc.)
- Unexplained Fatigue/Malaise/Myalgia
- Chills
- Headache
- Croup
- Conjunctivitis (Pink Eye)
- Lethargy/Difficulty Feeding in Infants

### In the last 14 days, have you, your child or any member of your household?

- Travelled outside of Canada or had close contact with anyone that has travelled outside of Canada?
- Been identified by Public Health as a close contact of a COVID -19 case?
- Had close contact with anyone with a respiratory illness?

**If you answered YES to any of these DO NOT enter.**

Your family cannot be permitted to enter to ensure the safety of everyone.  
Contact your health care provider as well as Public Health at **905-974-9848**.