

STOP COVID-19

KEEPING EVERYONE
SAFE IS OUR PRIORITY

1 Are you and/or any member of your household experiencing any of the following signs or symptoms associated with COVID-19?



Persistent fever
($\geq 37.8^{\circ}\text{C}$ or 100.0°F) or chills



Cough



Difficulty breathing or
shortness of breath



Flu-like illness/extreme
fatigue/sore muscles



Nausea, vomiting, diarrhea
or abdominal pain



Loss of taste or smell

2 Are you and/or any member of your household identified by the local public health unit as a close contact of a confirmed or probable case of COVID-19?

3 Are you and/or any member of your household required by the local public health unit to remain home in quarantine or isolation due to a confirmed or possible exposure to COVID-19?

4 Are you and/or any member of your household a person who has travelled outside of Canada in the past 14-days?

If you have answered YES to any of the questions:

- Please return home immediately and self-isolate.
- Contact your local public health unit or healthcare provider.

Visitors are expected to complete the Province of Ontario online COVID-19 customer screening tool before entering. Please scan here:

