

DO YOU HAVE ANY OF THE BELOW SYMPTOMS:

- Fever, chills, or shakes
 - New or worsening cough
 - Runny nose
 - Nasal congestion
 - Sore throat
 - Shortness of breath
 - Nausea, vomiting, diarrhea or abdominal pain
 - Difficulty swallowing
 - Reduced or absent sense of taste or smell
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- Have you traveled outside of Canada in the last 14 days?
 - Have you been identified as COVID positive within the last 14 days?
 - Have you been in close contact with, live with, or have cared for someone who is COVID positive?