

COVID-19 NOVEL CORONAVIRUS

Please complete the following questions before beginning your work today.

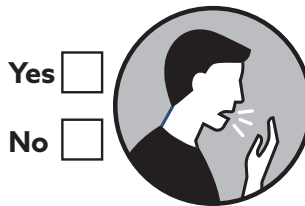
Name: _____

Date: _____ Time: _____

Do you have any of the following:



Fever



Cough



Shortness of breath



Sore throat



Runny nose



Feeling unwell

Yes Have you been in close contact with someone who is
No sick or has confirmed COVID-19 in the past 14 days?

Yes Have you returned from travel outside Canada in the
No 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.**