



COVID-19 Screening Survey for Clients

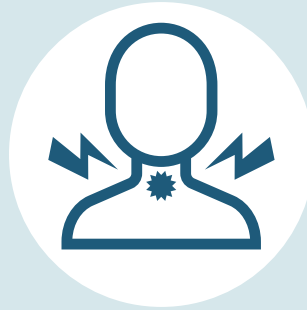
Please ask yourself these questions before going to work today:
Do you have any of the following symptoms?



New or worsening Cough
or Shortness of Breath



Chills or Fever
(temperature of 37.8°C)



Sore Throat or
Difficulty Swallowing



Runny Nose or
Congestion



Loss of
Taste or Smell



Unusual Headache or
Extreme Tiredness



Pink Eye



Nausea/Vomiting,
Diarrhea or Stomach Pain

- Yes No In the past 14 days, have you been in close contact with a confirmed case of COVID-19?
- Yes No In the past 14 days, have you travelled outside of Canada?
- Yes No In the past 14 days, have you been told by public health that you need to be self-isolating?

If you answer YES to any of these questions:

Immediately inform your employer, stay home and self-isolate right away.
Call the Health Unit at 1-866-888-4577 ext. 5020 for additional direction.

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