

COVID-19 SCREENING

1. Are you experiencing any of the following: Fever and/or chills; Cough or barking cough; Shortness of breath; Sore throat; Difficulty swallowing; Runny or stuffy/congested nose; Decrease or loss of taste or smell; Pink eye, Conjunctivitis; Headache; Digestive issues like nausea/vomiting, diarrhea, stomach pain; Muscle aches/joint pain; Extreme tiredness
2. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
3. In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?
4. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?
5. In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?
6. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

IF YOU RESPONDED YES TO ANY OF THE ABOVE QUESTIONS – DO NOT ATTEND THE SERVICE