



## COVID-19 Screening

Before entering this facility, please ask yourself – and answer these questions:

1. Do you have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions.

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of smell or taste

2. In the last 5 days, have you had TWO or MORE of the following symptoms, not related to chronic or other known causes or conditions:

- Headache
- Sore Throat
- Runny Nose or Congestion
- Gastrointestinal Symptoms (i.e. diarrhea, vomiting)
- Extreme Fatigue
- Muscle Aches/Joint Pain

3. Have you travelled outside of Canada in the past 14 days and been advised to quarantine?

4. In the past 5 days, have you tested positive on a rapid antigen/PCR test OR been told by a physician/health unit to self-isolate?

**If you answer NO** to all questions, you have passed the screening and can enter.

**If you answer YES** to any questions, you have not passed and must not enter the building. You are advised to go home immediately and contact the North Bay Parry Sound District Health Unit for advice.