



# COVID-19

Do you have any of the following:



Fever



Cough



Difficulty breathing



Sore throat,  
trouble swallowing



Runny nose



Loss of taste or  
smell



Not feeling well



Nausea, vomiting,  
diarrhea



Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?



Have you returned from travel outside Canada in the 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, to find out if you need a test.**