



COVID-19

Please complete the following questions.

Name:

Date:

Time:

1. Do you have any of the following new or worsening symptoms:

Yes No		Yes No		Yes No		Yes No	
	Fever (37.8°C/100°F or higher) or chills		Cough		Difficulty breathing or shortness of breath		Sore throat, trouble swallowing
Yes No		Yes No		Yes No		Yes No	
	Runny or stuffy nose		Decrease or loss of taste or smell		Not feeling well, extreme tiredness, sore muscles		Nausea, vomiting, diarrhea, abdominal pain

Yes No

2. Have you travelled outside of Canada in the past 14 days?

3. Have you had close contact with a confirmed or probable case of COVID-19, without wearing medical-grade PPE (e.g., a medical mask, eye protection)?

If you answered **YES** to any of these symptoms or questions, please go home & self-isolate right away. Book an appointment at an assessment centre for a COVID-19 test.

To find your closest assessment centre, visit wdgpublichealth.ca