



ATTENTION VISITORS

COVID-19

Do you have any of the following:



Fever and/or
chills



Cough or
barking cough



Shortness of
breath



Sore throat,
trouble
swallowing



Pink eye
(for adults)



Falling down
often (older
adults)



Runny or
stuffy nose



Loss of smell
or taste



Muscle aches,
extreme
tiredness



Nausea,
vomiting,
diarrhea, or
stomach pain



Unusual
headache

Please answer these additional questions:



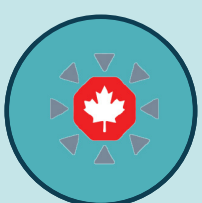
1. Has a doctor, health care provider, or public health unit told you that you should be self-isolating (staying at home)?



4. Have you travelled outside of Canada in the last 14 days? *Does not apply if you are exempted from federal quarantine as per the Quarantine Act.



2. Have you been identified as a close contact of someone who currently has COVID-19 in the last 14 days?



5. Have you received a COVID Alert exposure notification on your cell phone in the last 14 days (and have not been tested or waiting for your result)?



3. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you answered YES to any of these questions, DO NOT ENTER.

Please go home and contact either your health care provider or Telehealth Ontario at 1-866-797-0000 to get advice or an assessment, including if you need a COVID-19 test.

PLEASE DO YOUR PART TO PROTECT OTHERS