



# COVID-19

**Do you have any of the following:**



**Fever**



**Cough**



**Difficulty breathing**



**Sore throat,  
trouble swallowing**



**Runny nose or  
red eyes**



**Loss of taste or  
smell**



**Not feeling well,  
tired or sore muscles**



**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.**