SELF-ASSESSMENT HEALTH SCREEN

If an individual answers "Yes" to any of these questions, they are not permitted to participate in this program.

1) Do you have any of the following symptoms?

• Fever, chills	Yes	No
• Cough	Yes	No
• Runny / stuffy nose	Yes	No
• Sneezing	Yes	No

(not related to other known causes such as seasonal allergies)

• Sore throat	Yes	No
• Breathing difficulty	Yes	No

2) Have you or someone in your household travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

Yes No

3) Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?

Yes No