



# COVID-19

## NOVEL CORONAVIRUS

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



**Fever**



**Cough**



**Shortness of breath**



**Sore throat**



**Runny nose**



**Feeling unwell**



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.**