

Screening Questions

1. Have you travelled in the past 14 days?
2. Have you been around anyone who has travelled?
3. Have you been around anyone being investigated for Covid-19?
4. Do you have a cough, fever, shortness of breath?
5. Do you have any of the following symptoms:
 - chills
 - muscle aches
 - fatigue
 - sore throat
 - nasal congestion
 - lost sense of taste or smell
 - digestive issues(nausea/vomiting, diarrhea, stomach pain)
 - for young children and infants: sluggishness or lack of appetite