



IF YOU ANSWER **YES** TO ANY OF THE FOLLOWING
QUESTIONS PLEASE **DO NOT ENTER**

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

- Fever
- Cough
- Difficulty breathing

Have you travelled outside of Canada in the last 14 days?

**Have you been exposed to someone who has a probable
OR confirmed case of COVID-19?**

**Have you had contact with a person with acute respiratory
illness who has been outside Canada in the last 14 days?**