



COVID-19

Please complete before entering the meeting/day camp/camp.

Do you have any of the following:

Yes



No

Fever - 38C/100.4F

Yes



No

NEW or Worsening Cough

Yes



No

Difficulty Breathing

Yes



No

Sore Throat, trouble swallowing

Yes



No

Runny nose or red eyes

Yes



No

Loss of taste or smell

Yes



No

Not feeling well, tired or sore muscles

Yes



No

Nausea, vomiting, diarrhea

Yes

No

Have you been in close contact with someone who is sick or has been confirmed with COVID-19 in the past 14 days?

Yes

No

Have you returned from travel outside of Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away. Call your Provincial Telehealth or your health care provider, to find out if you need a test.

Telehealth Ontario - 1-866-797-0000

Healthlink Alberta - 811

Healthlink BC - 811

Quebec - Info-Sante 811