

HEALTH SCREENING QUESTIONS

1. Have you been diagnosed with COVID 19 or had any symptoms in the last ten (10) days that could be COVID 19 (fever, chills, cough, shortness of breath etc)?
2. Have you been directed by Public Health to self-isolate?
3. Have you arrived from outside Canada in the past fourteen (14) days?
4. Have you been in contact with a confirmed COVID 19 case in the past fourteen (14) days?