



**Do not enter if you
answer yes to any of
the below questions**
(we still ❤️ you)

DO YOU HAVE ANY OF THE
BELOW SYMPTOMS?

- FEVER
- COUGH
- SHORTNESS OF BREATH/
DIFFICULTY BREATHING
- SORE THROAT
- RUNNY NOSE

HAVE YOU, OR ANYONE IN YOUR HOUSEHOLD TRAVELLED
OUTSIDE OF CANADA IN THE LAST 14 DAYS?

HAVE YOU, OR ANYONE IN YOUR HOUSEHOLD BEEN IN
CONTACT, IN THE LAST 14 DAYS, WITH SOMEONE WHO IS BEING
INVESTIGATED OR CONFIRMED TO BE A CASE OF COVID-19?

ARE YOU CURRENTLY BEING INVESTIGATED AS A
SUSPECT OF COVID-19?

HAVE YOU TESTED POSITIVE FOR COVID-19 WITHIN
THE LAST 10 DAYS?

