



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**

**Please see sheet attached for up to date symptoms list**

**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?**

**ARE YOU OVER 65 YEARS OF AGE, ARE YOU EXPERIENCING ANY OF THE FOLLOWING: DELIRIUM,  
FALLS, ACUTE FUNCTIONAL DECLINE, OR WORSENING OF CHRONIC CONDITION?**



## COVID -19 SYMPTOMS LIST AS OF MAY 7, 2020

### Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath
- Headache
- Chills
- Fatigue
- Sluggishness
- Decrease appetite
- Sore throat
- Runny nose or sneezing
- Nasal congestion
- Hoarse voice
- Difficulty swallowing
- New smell or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain

### IF YOU DEVELOP SEVERE SYMPTOMS CALL 911

AND SEEK IMMEDIATE MEDICAL ATTENTION.

MAKE SURE YOU MENTION YOUR TRAVEL HISTORY AND YOUR SEVERE SYMPTOMS,  
WHICH COULD INCLUDE:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face