



## COVID-19 Screening Questions

These questions must be answered by all patrons entering and using this facility.

**1. Do you have any new or worsening signs or symptoms (not from a known cause such as seasonal allergies)?**

- cough, shortness of breath, sore throat, runny nose, sneezing, nasal congestion
- hoarse voice, difficulty swallowing, loss of smell and/or taste
- nausea/vomiting, diarrhea, abdominal pain, unexplained fatigue/malaise, chills, or headache

Yes / No

**2. Do you have a fever?**

Yes / No

**3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?**

Yes / No

**4. In the last 14 days, have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?**

Yes / No

If you answer yes to anyone of the questions above, you are **NOT** permitted to enter this facility under the direction of Provincial and Local Health Authorities.