STOP COVID-19
Please complete the following questions before beginning your work today.

Name: ____________________________
Date: ____________________________  Time: ____________________________

Do you have any of the following new or worsening symptoms?

- Fever/Chills
- Cough
- Difficulty breathing/Shortness of breath
- Sore throat/Difficulty swallowing
- Runny nose (unrelated to seasonal allergies)
- Loss of taste or smell
- Not feeling well, headache, unexplained tiredness and muscle aches
- Nausea, vomiting, diarrhea, abdominal pain

In the last 14 days, have you had close physical contact with a person who:
- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?

In the last 14 days, have you travelled outside of Canada?

If you answered YES to any of these questions, please return home and self-isolate. Visit OttawaPublicHealth.ca/COVIDCentre for more information about getting tested.

If you are feeling unwell, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.

Adapted with permission from Toronto Public Health

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