



COVID-19

Do you have any of the following symptoms?

Answer yes if they are new, worsening, and not related to other known conditions you already have



Cough



**Fever or
chills**



**Olfactory or
taste disorder**



**Shortness of
breath**

Other symptoms of COVID-19 in adults

Fatigue,
lethargy, or
malaise



Myalgias
(muscle aches
and pain)

Other symptoms of COVID-19 in children

Nausea, vomiting
and/or diarrhea



■ In the last 10 days:

- Have you been identified as a “close contact” of someone who currently has COVID-19?
- Have you received a COVID Alert exposure notification on your cell phone?
- Have you tested positive on a rapid antigen test or a home-based self-testing kit?

■ In the last 14 days, have you or anyone you live with travelled outside of Canada AND been advised to quarantine AND/OR not to attend work or school as per the federal guidelines?

■ Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

■ Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you answered **YES** to any of the questions, **immediately complete the online screening tool to determine next steps.**

<https://covid-19.ontario.ca/self-assessment/>



For more information, call 1-800-660-5853
or visit www.healthunit.org