Do you have any of the following:

- **Fever**
- **Cough**
- **Difficulty breathing**
- **Sore throat, trouble swallowing**
- **Runny nose or red eyes**
- **Loss of taste or smell**
- **Not feeling well, tired or sore muscles**
- **Nausea, vomiting, diarrhea**

Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Have you returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider, to find out if you need a test.