

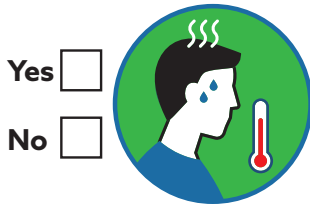
COVID-19 NOVEL CORONAVIRUS

Please complete the following questions before beginning your work today.

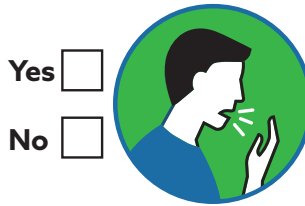
Name: _____

Date: _____ Time: _____

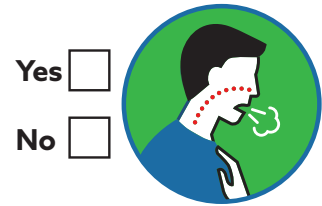
Do you have any of the following:



Fever



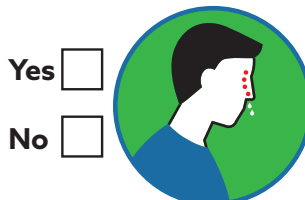
Cough



Difficulty breathing



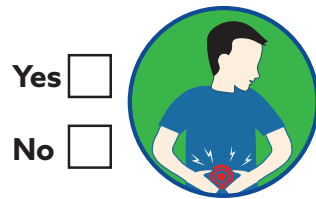
Sore throat,
trouble swallowing



Runny nose or
red eyes



Not feeling well,
tired, sore muscles



Nausea, vomiting,
diarrhea



Loss of taste
or smell

Yes Have you been in close contact
with someone who is sick or has
confirmed COVID-19 in the past
14 days?
No

Yes Have you returned from travel
outside Canada in the past 14
days?
No

If you answered **YES** to any of these questions, go home and self-isolate right away. Call your health care provider or the Porcupine Health Unit to arrange testing .

For more information, visit phu.fyi/coronavirus