



# COVID-19 Check

Do you have a **FEVER?**

**COUGH?**

**FLU SYMPTOMS?**

Do you have a diagnosed or presumptive COVID-19 diagnosis?

Have you/your household members been in contact with someone who is?

Have you/your household members been in close contact with someone symptomatic?

**OR have you travelled outside of Canada?**

**If YES, STOP and do not enter the building.**

**Instead call the office for direction or assistance.**

**519 332 0560**