

## **COVID Screening Questions**

**Do you have one or more of the following symptoms?**

- Fever and/or chills
- Cough
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Decrease or loss of smell/taste
- Pink eye
- Runny or stuffy nose
- Digestive issues (nausea, vomiting, diarrhea, stomach pain)
- Muscle aches/joint pain
- Unusual fatigue

**Has a medical professional told you that you should currently be isolating?**

**In the past 10 days have you tested positive for COVID-19?**

**In the past 14 days have you been identified as someone who has been in ‘close contact’ with a COVID-19 case?**

**In the last 14 days have you received a COVID alert exposure notification on your phone?**

**In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements? \***

*\* If you are not fully vaccinated and have travelled outside Canada or live with someone who has travelled outside of Canada you are required to isolate for 14 days from all non-essential activities – including this class.*

**If you answered ‘Yes’ to any of the questions above, please do not proceed downstairs. We kindly ask that you vacate the premises to keep your classmates safe and adhere to Provincial and Federal guidelines.**