



General Facility Check Point

THIS DOES NOT APPLY TO PATIENTS

If you answered **YES to ANY** of the questions below

you are **not allowed** to enter the facility

1. In the last 14 days, have you

- **travelled** outside of Canada?*

- been identified by Public Health as a **close contact or had close contact** with someone that is a confirmed or probable case of COVID-19?

2. Have you, or individuals in your home tested positive for COVID-19, and not received clearance from public health ?

3. Do you have any of the following symptoms?

- **Fever** (temperature ≥ 38.0 Celsius)

- **New or worsening respiratory symptoms NOT RELATED** to seasonal or environmental allergies, i.e.

- cough or sore throat
- runny nose
- shortness of breath
- difficulty breathing

- **New onset atypical** symptoms including

- loss of sense of smell or taste
- headache
- diarrhea, nausea/vomiting
- aches and pains or chills
- loss of appetite
- fatigue or weakness

* **Healthcare Workforce (including physicians):** if you have a **travel exemption**, you may enter—be prepared to provide proof.

* **Family/Supports:** if you have a **federally approved travel exemption**, you may enter—be prepared to provide proof. You must also wear a mask and any other required protective equipment.