



Integrated Facility Check Point

THIS DOES NOT APPLY TO PATIENTS

If you answer **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 ≥ 37.8 Celsius)
- **New or worsening respiratory symptoms NOT RELATED** to seasonal or environmental allergies, i.e.

- sore throat or difficulty swallowing
- hoarse voice
- runny nose or sneezing
- nasal congestion
- shortness of breath or difficulty breathing
- cough

- **New onset atypical** symptoms including

- chills
- malaise
- diarrhea
- loss of sense of smell
- muscle aches
- fatigue
- headache
- loss of sense of taste
- nausea
- vomiting
- weakness
- loss of appetite

THANK-YOU for helping us keep everyone safe!

* **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.