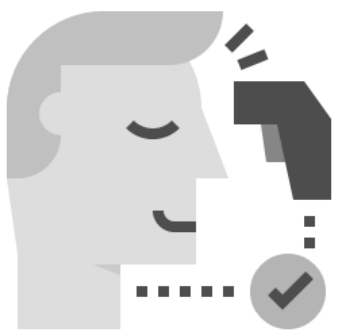


COVID-19



ARE YOU A **DESIGNATED** FAMILY MEMBER OR SUPPORT PERSON?

If **YES**, please **review the screening questions** and, if you answer **NO to all questions**, proceed to the screening station



your **temperature** will be taken

you will need to **clean your hands**



you will need to **put on a mask**

If **NO**, and you would like to **request designation** or **schedule an outdoor visit**, please contact the unit/long term care home manager.