



## Continuing Care Check Point

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  $\geq 37.8$  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
    - muscle aches
    - nausea
    - malaise
    - fatigue
    - vomiting
    - diarrhea
    - headache
    - weakness
    - loss of sense of smell
    - loss of sense of taste
    - 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.