



Continuing Care Check Point

If you answer **YES to ANY** of the 4 questions below you are **not allowed** to enter the home at this time

1. Are you **currently under federal orders to isolate/quarantine due to recent travel?***
2. Should you be **isolating** due to a **recent positive test** for COVID-19?**
3. Should you be **isolating** because of having had **close contact** to a **positive COVID-19 case?****
4. In the **last 48 hours**, have you had 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

If you answered **NO to ALL** of the above, **please proceed**

THANK-YOU for helping us keep everyone safe!

* if you have travelled internationally, you may be asked to provide your **ArriveCan receipt**

** isolation requirements vary - check saskatchewan.ca/covid19 or use the QR code



You must follow all required infection control practices while on site