



COVID-19

Do you have any of the following symptoms?

Answer yes if they are new, worsening, and not related to other known conditions you already have



Cough



Fever or
chills



Olfactory or
taste disorder



Shortness of
breath

Other symptoms of COVID-19 in adults

Fatigue,
lethargy, or
malaise



Myalgias
(muscle aches
and pain)



Other symptoms of COVID-19 in children

Nausea, vomiting
and/or diarrhea



■ In the last 10 days:

- Have you been identified as a "close contact" of someone who currently has COVID-19?
- Have you received a COVID Alert exposure notification on your cell phone?
- Have you tested positive on a rapid antigen test or a home-based self-testing kit?

■ In the last 14 days, have you or anyone you live with travelled outside of Canada AND been advised to quarantine AND/OR not to attend work or school as per the federal guidelines?

■ Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

■ Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you answered **YES** to any of the questions, **immediately complete the online screening tool to determine next steps.**

<https://covid-19.ontario.ca/self-assessment/>



For more information, call 1-800-660-5853
or visit www.healthunit.org