Do you have any of the following new or worsening symptoms?



Fever/Chills



Cough



Difficulty breathing/ **Shortness of breath**



Sore throat/ **Difficulty swallowing**



Runny nose (unrelated to seasonal allergies)



Loss of taste or smell



In the last 14 days, have you had close physical contact with a person who:

Not feeling well, headache, unexplained tiredness and muscle aches



Nausea, vomiting, diarrhea, abdominal pain



No

· was sick with a respiratory illness (had a new or worsening cough, fever

or difficulty breathing)? • has returned from travel outside of Canada in the last 14 days?

was a confirmed or probable case of COVID-19?



Yes

No

In the last 14 days, have you travelled outside of Canada?



If you answered **YES** to any of these questions, please return home and self-isolate. Visit OttawaPublicHealth.ca/COVIDCentre for more information about getting tested.

If you are feeling unwell, contact your health care provider or call **Telehealth Ontario** at **1-866-797-0000** to speak to a registered nurse.

Adapted with permission from Toronto Public Health

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