

ATTENTION



If you answer **'YES'** to any of the following questions, **DO NOT ENTER** this building. Please return home and self-isolate.

- ✳ Do you have **TWO (2)** of the following symptoms that are not related to a known pre-existing health condition (i.e., seasonal allergies)? If **YES**, you should be tested for COVID-19.



Fever



Cough (or worsening cough)



Diarrhea



Loss of sense of smell and taste



In children, purple markings on the fingers and toes



Vomiting



Runny nose



Sore throat



Muscle pain



Headache



Fatigue/exhaustion

- ✳ Have you been advised by Public Health, a health-care provider or a peace officer that you are currently required to self-isolate?
- ✳ Are you waiting for a COVID-19 test or COVID-19 test results AND have been told you need to self-isolate?
- ✳ Have you travelled outside of the Atlantic bubble in the past 14 days?
- ✳ Has an individual in your household returned from outside of the Atlantic bubble in the past 14 days for any reason, and now someone within the household has developed one or more symptoms of COVID-19 as listed above?

Additional Questions:

1. Have you travelled in or out of Zone 1 or Zone 5 since October 9th 2020?
2. Did you miss school, or was removed from school today due to Covid 19 symptoms?