



Screening Questions

1. Do you have any symptoms of COVID-19?

- Fever (i.e. chills, sweats)
- Cough or worsening of a previous cough
- Sore throat
- Headache
- Shortness of breath
- Muscle aches
- Sneezing
- Nasal Congestion/runny nose
- Hoarse voice
- Diarrhea
- Unusual fatigue
- Loss of sense of smell or taste
- Red, purple or blueish lesions, on the feet, toes or fingers without clear cause

2. Have you been in contact with anyone who has tested positive for COVID-19?

3. Have you been outside of, or in contact with anyone outside of, the Atlantic Canada bubble in the last 14 days?