

DAILY HEALTH CHECK:

Are You experiencing any of the following?

- New or worsening cough
- Shortness of breath
- Difficulty Breathing
- Fever and/or Chills
- New loss of smell and/or taste

Have you travelled to any countries outside Canada in the last 14 days?

Did you provide care or have close contact to a person confirmed with Covid-19 without using the appropriate PPE?

If you answered YES to any of the above, please stay home and contact the office ASAP