COVID-19 NOVEL CORONAVIRUS

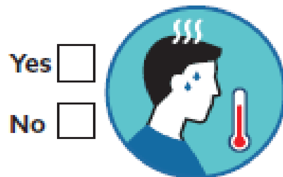
Please complete the following questions before beginning your work today.

Name: ______________________________

Date: ______________ Contact Number: ______________

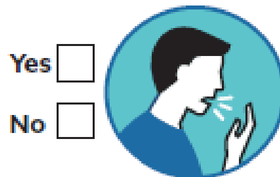
Do you have any of the following:

Yes ☐ No ☐



Fever

Yes ☐ No ☐

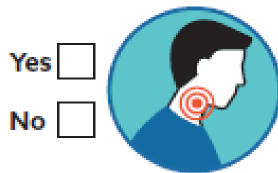


Cough

Yes ☐ No ☐

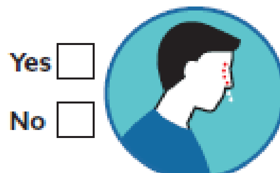
Shortness of breath

Yes ☐ No ☐



Sore throat

Yes ☐ No ☐



Runny nose

Yes ☐ No ☐

Feeling unwell

Yes ☐ No ☐ Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Yes ☐ No ☐ Have you returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider.

Region of Peel
working with you