

Attention

Question 1:

In the **past 48 hours**, have you had a fever or cough (new or getting worse)?



TELL STAFF NOW

Fever
(or chills/sweats)

or

Cough (new or getting worse)

Question 2:

In the **past 48 hours**, have you had two or more of these symptoms (new or getting worse)?



two or more

TELL STAFF NOW

Sore throat, runny nose, headache, shortness of breath, loss or changes to sense of smell or taste, extreme fatigue, or gastrointestinal symptoms such as diarrhea or vomiting.

If you have any of these symptoms of COVID-19, **follow these steps**

• **Tell staff NOW**

- Clean your hands
- Put on a mask
- Cough/sneeze into your elbow or tissue and throw in garbage

If you answer **yes** to any of these questions, **tell staff NOW**

Within the last 14 days have you:

- Had contact with someone known or suspected to have COVID-19?
- Been tested for COVID-19?

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For information visit: novascotia.ca/coronavirus