

Please STOP AND SCREEN before entering

Do you have any of the following?

- Fever and/or chills
- New onset of cough or worsening chronic cough
- Shortness of breath
- Decrease lose of sense of taste or smell
- Fatigue, lethargy, malaise, muscle aches
- Nausea, vomiting, diarrhea

Have you tested positive for COVID-19 in the past 10 days or have you been told to self isolate?

Have you travelled outside Canada in the past 14 days?

Have you had close contact with a confirmed case of Covid-19 without the appropriate PPE?

If you have answered NO to ALL the above questions, please proceed to our Font Desk for check in