



The Anglican Diocese of Moosonee



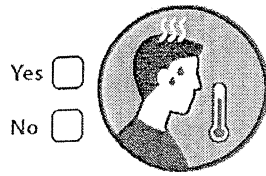
COVID-19

Please complete the following questions before leaving your house today.

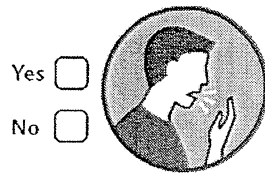
Name: _____

Date: _____ Time: _____

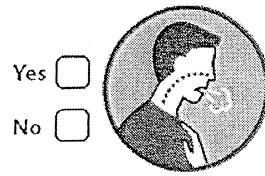
Do you have any of the following new or worsening symptoms?



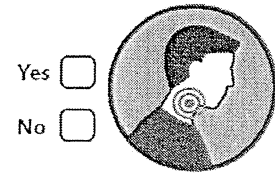
Fever/Chills



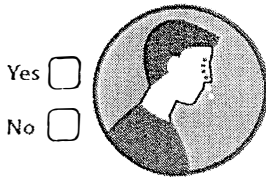
Cough



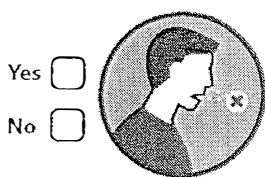
Difficulty breathing/
Shortness of breath



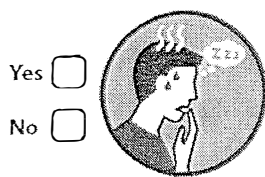
Sore throat/
Difficulty swallowing



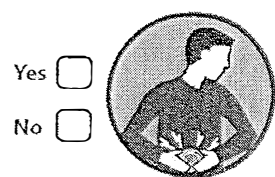
Runny nose
(unrelated to
seasonal allergies)



Loss of taste
or smell



Not feeling well,
headache, unexplained
tiredness and muscle aches



Nausea, vomiting,
diarrhea,
abdominal pain



Yes

No

In the last 14 days, have you had close physical contact with a person who:

- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?



Yes

No

In the last 14 days, have you travelled outside of Canada?



If you answered **YES** to any of these questions, please stay home.

If you are feeling unwell, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.