

NOTRE RÉPONSE CONCERNANT LE

COVID-19
RESPONSE

NOTICE

**SCREENING FOR COVID-19
PLEASE DO NOT ENTER THE BUILDING
IF YOU ANSWER YES TO ANY OF THE
QUESTIONS OR WITHOUT ANSWERING THE
QUESTIONS.**

1. Do you have any of the following symptoms: fever/feverish, new or exacerbation of chronic cough, difficulty breathing?

- Yes
- No

IF YOU ANSWER **YES TO QUESTION 1, SELF-ISOLATE AT HOME AND CONTACT 811 FOR FURTHER ASSESSMENT.**

2. Have you returned from China, Iran or Italy within the last 14 days or have you returned from any other out-of-country destination since March 13, 2020?

- Yes
- No

3. Have you had close contact with a confirmed or probable COVID-19 case?

- Yes
- No

4. Have you had close contact with a person being tested for COVID-19 ?

- Yes
- No

IF YOU ANSWER **YES TO QUESTIONS 2, 3 OR 4, SELF-ISOLATE AT HOME. IF SYMPTOMS DEVELOP, CONTACT 811.**

**WE APPRECIATE YOUR COOPERATION
NOUS APPRÉCIONS VOTRE COOPÉRATION**