

COVID-19 Self Assessment

Are you feeling unwell with any of the following symptoms?

- Fever, new cough or difficulty breathing (or a combination of these symptoms)

YES ☐ NO ☐

If Yes

Have experienced any of the following:

- Have you travelled outside of Canada in the last 14 days?
- Does someone you are in close contact with have COVID-19 (for example, someone in your household or workplace)?
- Are you in close contact with a person who is sick with respirator symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada?

YES ☐ NO ☐

Name: _____

Signature: _____

Date: _____