

## COVID-19 NOVEL CORONAVIRUS

Please complete the following questions before beginning training today.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### DO YOU HAVE THE FOLLOWING?



#### FEVER

Yes

No



#### COUGH

Yes

No



#### SHORTNESS OF BREATH

Yes

No



#### SORE THROAT

Yes

No



#### RUNNY NOSE

Yes

No



#### FEELING UNWELL

Yes

No

Yes  Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

No

Yes  Have you returned from travel outside of Canada in the past 14 days?

No

If you answered YES to any of these questions, go home & self-isolate right away. Visit [OttawaPublicHealth.ca/coronavirus](https://OttawaPublicHealth.ca/coronavirus) for more information as you may be eligible for a COVID-19 test.

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

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