



DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

ONE or more (new or worsening)

- **FEVER (38.0° C OR HIGHER) AND/OR CHILLS**
- **COUGH**
- **SHORTNESS OF BREATH OR TROUBLE BREATHING**
- **DECREASED OR LOSS OF TASTE OR SMELL**

OR

TWO or more (new or worsening)

- **RUNNY NOSE OR NASAL CONGESTION**
- **HEADACHE**
- **EXTREME FATIGUE OR TIREDNESS**
- **SORE THROAT**
- **MUSCLE ACHES OR JOINT PAIN**
- **GASTROINTESTINAL SYMPTOMS (SUCH AS VOMITING OR DIARRHEA)**
- **ABDOMINAL PAIN**
- **CONJUNCTIVITIS (PINK EYE)**
- **DECREASED OR LACK OF APPETITE**

IF YOU ANSWERED YES TO THE ABOVE PLEASE **DO NOT ENTER AND **CALL THE SSC** (416-338-2700) OR YOUR SUPERVISOR FOR FURTHER INSTRUCTION**