



# SCREENING FOR COVID-19

**PLEASE DO NOT  
ENTER THE BUILDING  
IF YOU ANSWER **YES** TO ANY OF  
THE FOLLOWING QUESTIONS**

- 1 Are you feeling sick?**  
(Examples include a new cough, headache, weakness, fever, difficulty breathing, etc.)
- 2 Have you travelled outside of Canada in the past 14 days?**
- 3 Have you provided care or have you had close contact with a person with COVID-19 (probable or confirmed)?**

If you have answered **YES** to any of the questions above  
Contact Telehealth Ontario at  
**1-866-797-0000**