



# COVID-19 NOTICE

Please answer the following questions **prior to entering this facility:**

**1** Do you have at least two (2) of the following symptoms:

- |   |                       |
|---|-----------------------|
| Fever above 38°C                                    | New onset fatigue     |
| New or worsening chronic cough                      | New onset muscle pain |
| Sore throat   | Diarrhea              |
| Runny nose  | Loss of taste         |
| Headache  | Loss of smell         |
| In children, purple markings on the fingers or toes |                       |

If you answered YES, and have 2 OR MORE of the symptoms, then self- isolate at home, and call 811.

**2** If you answer YES to ANY of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self- assessment link on the Government of New Brunswick webpage.

- Have you had close contact within the last 14 days with a confirmed case of COVID-19?
- Have you had close contact within the last 14 days with a person being tested for COVID-19?
- You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.
- Have you returned from travel outside of Newfoundland and Labrador, New Brunswick, Prince Edward Island and Nova Scotia within the last 14 days (IF for work purposes, you are not required to self-isolate upon return, but should self-monitor for symptoms)?
- You have been told by public health that you may have been exposed to COVID-19.

