

**STOP**

# COVID-19

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## Do you have any of the following:

- Fever or chills
- Cough
- Difficulty breathing/shortness of breath
- Sore throat/trouble swallowing
- Decrease or loss of taste or smell
- Not feeling well, extreme tiredness
- Runny/stuffy nose
- Nausea, vomiting, diarrhea

### Screening questions for everyone (vaccinated and non-vaccinated)

- Have you been told by a health care provider that you should currently be isolating?
- In the last 10 days, have you tested positive for COVID-19?
- In the last 14 days, have you been told you need to self-isolate because you are a "close contact" of someone with COVID-19?
- In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?

### Additional questions for people who are not fully vaccinated for COVID-19:

- Does anyone you live with have new COVID-19 symptoms or is waiting for test results after having symptoms?
- In the last 14 days, has someone in your household travelled outside of Canada and been advised to quarantine or been identified as a close contact of someone with COVID-19 and told to self-isolate?
- In the last 14 days, have you received a COVID Alert exposure on your cell phone?

**If you answered YES to any of these questions, self-isolate immediately.  
Once home, contact NWHU for more information.**

[www.nwhu.on.ca/covid19](http://www.nwhu.on.ca/covid19)