

DAILY COVID-19 SELF-ASSESSMENT

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, DO NOT COME TO CAMPUS.

Question 1: Do you have any of the following symptoms?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that's unusual or long lasting
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite

Question 2: Have you been in contact with anyone who has tested positive for COVID-19 in the last 14 days?

Question 3: Have you had close contact with anyone with the previously mentioned symptoms?

Question 4: Have you travelled outside of Canada in the past 14 days?