



# COVID-19

# Patron Screening Poster

All patrons must self-screen before entering the premises.

## 1.) Do you have any of the following new or worsening symptoms or signs?\*



Fever or chills



Cough



Trouble breathing



Sore throat or trouble swallowing



Runny or stuffy nose



Decrease or loss of taste or smell



Nausea, vomiting or diarrhea



Pink eye



Headache\*\*



Very tired, sore muscles or joints\*\*

If "YES" to any symptoms:



Stay home & self-isolate



Get tested

Or



Contact a health care provider

\*If you have an existing health condition that gives you the symptoms select "No", unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.

\*\*If symptoms of a mild headache, tiredness, sore muscles or joints occur within 48 hours after getting a vaccine, select "No" and continue to follow all public health measures.

2.) Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?  Yes  No

3.) Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?  Yes  No

4.) In the last 14 days, have you travelled outside of Canada?  Yes  No

If "YES" to Questions 2, 3 or 4:



Stay home



Follow Toronto Public Health advice

Developed in accordance with recommendations and instructions issued by the [Office of the Chief Medical Officer of Health](#)

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