


















Read Before Entering:


Do you have:

-  Fever?
-  New or worsening cough?
-  Barking cough?
-  Shortness of breath?
-  Sore throat?
-  Runny nose, sneezing or nasal congestion?
-  Difficulty swallowing?
-  Headache?
-  Decrease or loss of taste or smell?
-  Nausea/Vomiting/diarrhea/stomach pain?
-  Unexplained fatigue?
-  Chills?
-  Conjunctivitis (pink eye)
-  Muscle aches/Joint pain
-  Extreme tiredness that is unusual?

 Have you been identified as a close contact of someone who currently has COVID-19?

 Have you been told by public health or your doctor to self-isolate?

 In the last 14 days have you received a COVID alert exposure notification on your cell phone?

 Have you travelled outside of the country or had close contact with anyone who has travelled outside of the country in the past 14 days?

If you answered **YES to any of the above questions, you may not enter. We look forward to seeing you after your symptoms have resolved**

