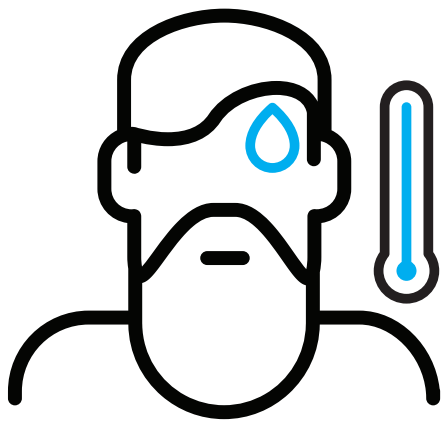


ATTENTION

All patrons must self-screen before entering this location

1. In the last 5 DAYS (*if fully vaccinated*) or 10 DAYS (*if not fully vaccinated*) have you had any ONE of the following new or worsening symptoms?



Fever and/or chills



Cough



Shortness of breath



Decreased or loss of smell or taste

AND/OR

TWO or more of the following new or worsening symptoms **OR**

ONE or more of the following symptoms if you have been a close contact of someone who had symptoms and/or tested positive on a rapid antigen test (RAT) or PCR test?



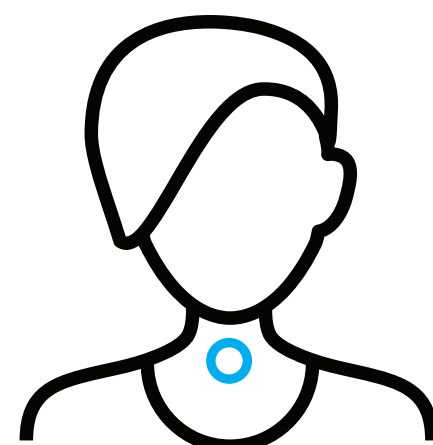
Runny nose/nasal congestion



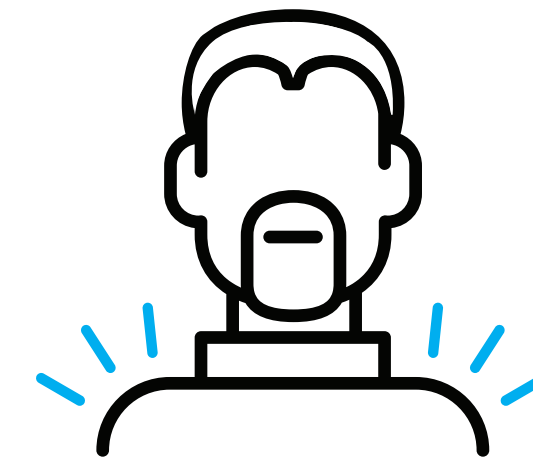
Headache



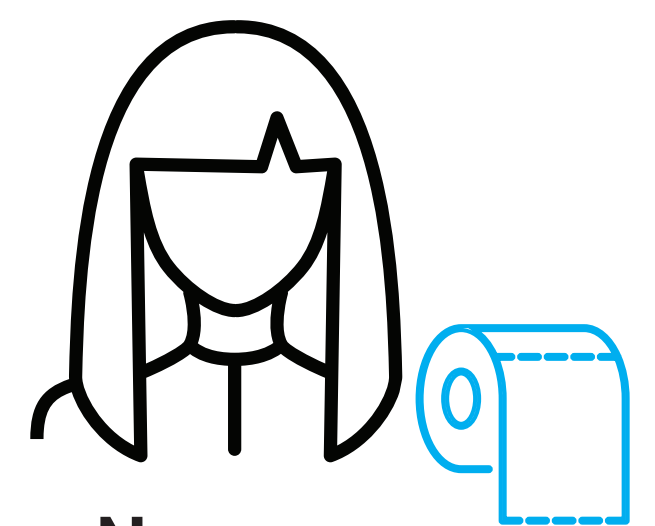
Extreme fatigue



Sore Throat



Muscle aches/
joint pain



Nausea,
vomiting and/or
diarrhea

2. In the last 5 DAYS (*if fully vaccinated*) or 10 DAYS (*if not fully vaccinated*) have you tested positive on a RAT or PCR test?

3. Do you live with someone who is currently isolating because of a positive COVID-19 test, has symptoms and/or is waiting for a COVID-19 test result?
(**Answer NO** if you've had COVID-19 in the last 90 days, or if you are ≥ 18 years or older and had a booster, or if you are ≤ 17 years or younger and are fully vaccinated)

4. Have you been advised to isolate by public health, a doctor or another health care provider?

5. At this time have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

If you answer **YES** to any one of the questions above, **PLEASE DO NOT ENTER.**
Go home and self-isolate.

Call Telehealth or your health care provider if you are concerned about your symptoms.

If you have been a close contact of someone with COVID-19, wear a mask and avoid activities where you need to take off your mask (e.g., dining out), and do not visit anyone who is at higher risk of illness (e.g., seniors, people who are immunocompromised).