

STOP!

If you answer **YES** to any of the following questions, or are in doubt, **DO NOT ENTER THE WORKPLACE**, and contact your health care provider for advice.



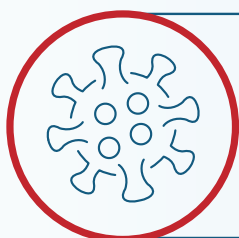
Do you have a **cough, fever, sore throat, difficulty breathing** or any other new or worsening symptoms?



Have you travelled **outside of Canada** in the past 14 days?



Have you had **close contact with a person with acute respiratory illness** who has travelled anywhere outside of Canada within the last 14 days before their illness?



Have you been in **close contact with a confirmed or probable case of COVID-19** in the past 14 days?

Health Canada's Public Service Occupational Health Program, June 2020



Government
of Canada

Gouvernement
du Canada

Canada