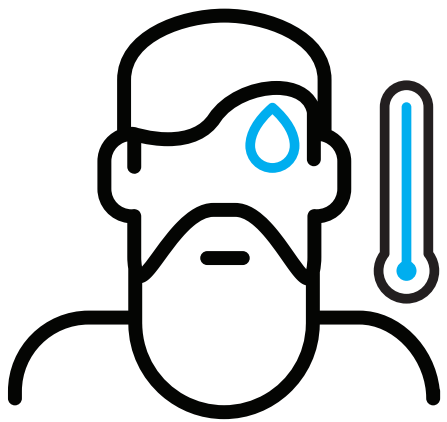


ATTENTION

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

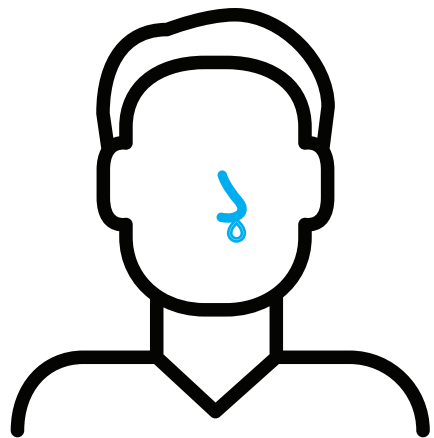


Decreased or loss of smell or taste

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?



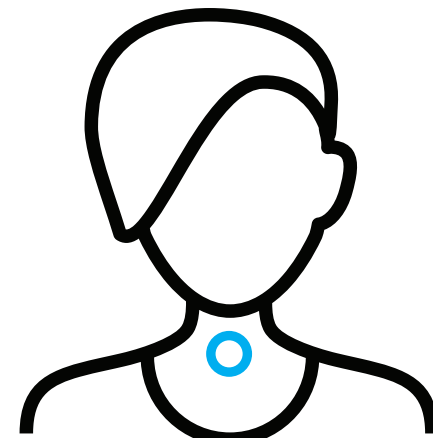
Runny nose/nasal congestion



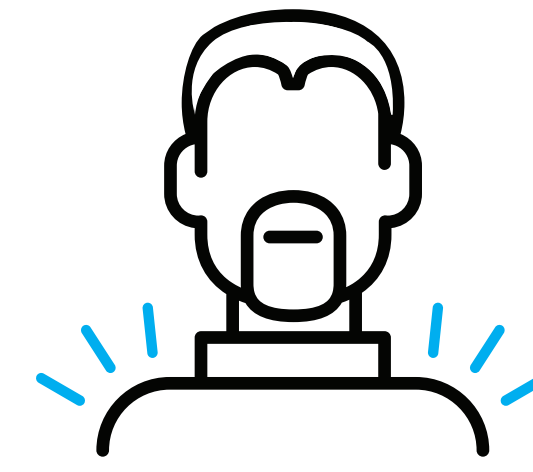
Headache



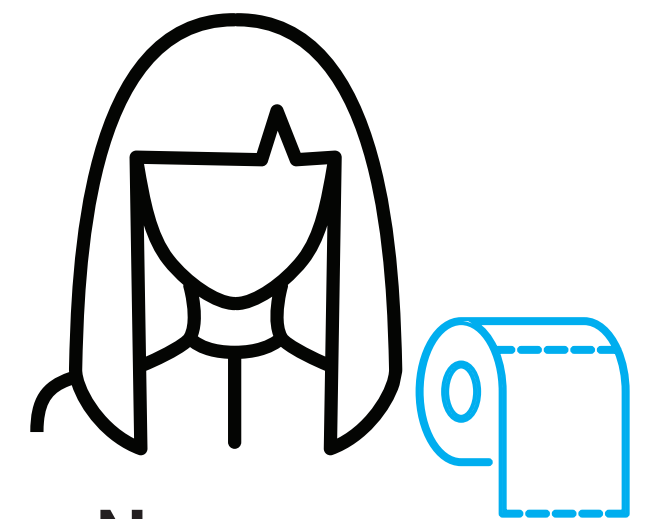
Extreme fatigue



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. In the last 5 DAYS (*if fully vaccinated*) or 10 DAYS (*if not fully vaccinated*) has someone you live with had symptoms and/or tested positive on a RAT or PCR test?

4. If you are **not fully vaccinated**, in the last 10 DAYS have you been identified as a close contact to someone you know who has new COVID-19 symptoms and/or tested positive on a RAT or PCR test?

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

6. 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.