

Covid-19 Self Assessment

Are you experiencing any of these symptoms?

- Fever
- **New** or worsening cough
- Difficulty breathing / shortness of breath

Are you experiencing any of these *unexplained* symptoms?

- Fatigue/malaise
- Chills
- Sore throat
- Runny nose
- Nasal congestion
- Hoarse voice
- Digestive symptoms
- Flare up of chronic conditions
- Loss of taste / smell
- Sore muscles
- Conjunctivitis (pink eye)
- Headache

Have you been in close contact without personal protective equipment (PPE) with someone who has been confirmed to have COVID-19 within the last 14 days, or who is symptomatic and being tested / awaiting results of COVID-19?

Have you travelled internationally (outside of Canada) or by Air within the past 14 days?

If you have answered **NO** to the two previous questions, please continue. If not please stay home in self isolation for 14 days.

Are you practicing required Social Distancing and using appropriate PPE when necessary?

If you answered **YES**, please register for your class.