

Covid Self-Screening

We ask all visitors to our union office to self-screen If you answer YES to any of them, please do not enter

Do you have any of the following symptoms?

Feeling of fever or chills?

Shortness of breath?

New onset symptom: runny nose/ congestion?

Headache or unusual headache?

Sore muscles not related to overexertion or exercise?

New onset symptom: diarrhea? Vomiting?

New onset symptom: loss of taste and/or smell?

New onset of cough or increase in amount of coughing?

Sore throat/ Hoarse voice?

Experiencing fatigue?

Pink eye?

Have a skin rash of an unknown cause?

Have you or a member of your household had close contact (within 2 metres) with a confirmed case of COVID-19?

Are you, or a member of your household, waiting for COVID-19 testing results?

Is a member of your household sick with COVID-19 symptoms, and waiting for COVID-19 test results?

Have you been exposed to COVID-19 in a work or public setting in the last 14 days? (e.g. a setting that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, at a workplace or in a community with a cluster of cases, or at an event?)

Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?

Have you or a member of your household been identified as a close-contact and instructed too self-isolate?

In the last 14 days have you returned

- From a Canadian province/territory and you have less than two COVID vaccinations or it has been less than two weeks since your second COVID vaccination?
- From non-essential travel outside Canada?