



## COVID-19 HEALTH VERIFICATION CHECK

1. Do you (or your child if a minor) have any symptoms (new or worsening) not associated with allergies or other medical conditions, of COVID-19, the common cold or flu, influenza or any infectious respiratory disease?

Please see the poster by the door for a list of the most common symptoms.

2. Have you (or your child if a minor), been outside of Canada in the last 14 days?
3. Have you (or your child if a minor) been identified as a close contact of a confirmed case or outbreak of COVID-19?

*If the answer is **yes** to any of these questions, you (or your child if a minor) must return home, self-isolate, and seek care from a health-care provider.*

## COVID-19 Symptoms

### Common Symptoms of COVID-19:

- Fever
- Cough
- Sore Throat
- Shortness of Breath
- Headache
- Loss of sense of smell/taste
- Diarrhea
- Loss of Appetite
- Nausea and Vomiting
- Chills
- Runny Nose
- Fatigue
- Muscle Aches

### Less Common Symptoms

- Stuffy Nose
- Dizziness/Confusion
- Skin rashes or discolouration of fingers or toes
- Conjunctivitis (pink eye)
- Abdominal Pain

*\*As identified by bccdc.ca*