

NOTICE



Screening for COVID-19

**PLEASE DO NOT ENTER THE BUILDING
WITHOUT ANSWERING THE FOLLOWING QUESTIONS**

1. Do you have at least two of the following symptoms: fever above 38° C or signs of fever (feeling hot or chills), a new or worsening chronic cough, a sore throat, a runny nose, a headache, new onset fatigue, new onset muscle pain, diarrhea, loss of taste or loss of smell?

If you answered **YES to question 1, self-isolate immediately and call 811 or your family physician for further direction**

2. Have you returned from travel outside of New Brunswick or outside of Canada within the last 14 days?
3. Have you had close contact within the last 14 days with a confirmed case of COVID-19?

If you answered **YES to question 2 or 3, self-isolate. If you have or develop symptoms, call 811 or your family physician**

4. Have you had close contact within the last 14 days with a person being tested for COVID-19?

If you answered **YES to question 4, you may enter the building however you must self-monitor for symptoms. If symptoms develop, self-isolate and call 811.**