

# The Diocese of Algoma



## COVID-19


Please complete the following questions before leaving your house today.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_


**Do you have any of the following new or worsening symptoms?**

Yes   
No




Fever/Chills

Yes   
No



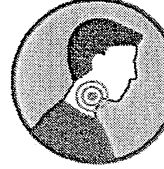
Cough

Yes   
No



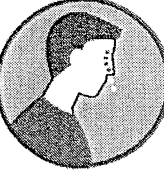
Difficulty breathing/  
Shortness of breath

Yes   
No



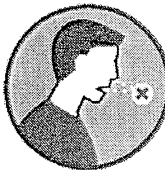
Sore throat/  
Difficulty swallowing

Yes   
No




Runny nose  
(unrelated to  
seasonal allergies)

Yes   
No




Loss of taste  
or smell

Yes   
No



Not feeling well,  
headache, unexplained  
tiredness and muscle aches

Yes   
No



Nausea, vomiting,  
diarrhea,  
abdominal pain



In the last 14 days, have you had close physical contact with a person who:

Yes  · was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?

No  · has returned from travel outside of Canada in the last 14 days?

· was a confirmed or probable case of COVID-19?



Yes  In the last 14 days, have you travelled outside of Canada?

No



If you answered **YES** to any of these questions, please stay home.

If you are feeling unwell, contact your health care provider or call **Telehealth Ontario** at 1-866-797-0000 to speak to a registered nurse.