



# COVID-19

# BEFORE YOU ENTER

**Do you have ANY mild, new or worsening symptoms?**



Fever or chills



Not feeling well, tired or sore muscles



Runny or stuffy nose



Cough



Loss of sense of smell or taste



Sore throat, trouble swallowing

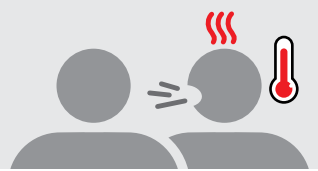


Shortness of breath



Nausea, vomiting or diarrhea. Abdominal pain (in adults)

**Have you had close contact with a person who is sick or has COVID-19 in the past 14 days?**



**Have you travelled outside of Canada in the past 14 days?**



**Has Public Health told you to self-isolate or stay home?**



**DO NOT ENTER if you answered YES to any of the questions, and stay home.**

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For more information visit [peelregion.ca/coronavirus](https://peelregion.ca/coronavirus)

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