

COVID-19 Symptom Self-assessment

Are you experiencing any of the following:

- severe difficulty breathing
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness
- shortness of breath at rest
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your current respiratory illness

In the past 10 days, have you experienced any of the following:

- fever
- new onset of cough or worsening of chronic cough
- new or worsening shortness of breath
- new or worsening difficulty breathing
- sore throat
- runny nose

Do you have any of the following:

- chills
- painful swallowing
- stuffy nose
- headache
- muscle or joint ache
- feeling unwell, fatigue or severe exhaustion
- nausea, vomiting, diarrhea or unexplained loss of appetite
- loss of sense of smell or taste
- conjunctivitis (pink eye)

In the past 14 days, did you return from travel outside of Canada?

Did you have close contact with someone who is confirmed as having COVID-19?