



STOP

CORONAVIRUS (COVID-19)

**If you have a fever and/or new onset of cough
or difficulty breathing**

AND

**In the last 14 days before symptom onset,
you have:**

- been outside of the country, **or**
- been in close contact with a confirmed or probable case of COVID-19, **or**
- been in close contact with a person with acute respiratory illness who has been to a COVID-19 impacted area,

please DO NOT ENTER.

1. Return home, if you are able
2. Contact your local public health office for assessment at _____
3. To discuss your health care needs, contact the pharmacy at _____

**Thank you for your co-operation in preventing the spread
of infection and keeping our community safe.**