

HEALTH QUESTIONNAIRE (please answer YES or NO)

A) Have you travelled outside of Canada in the last 14 days?

B) Are you experiencing any of the following symptoms of COVID-19?

-shortness of breath

-new onset of cough

-chills

-unexplained fatigue

-headache

-sore throat

-runny or stuffy/congested nose

-loss of taste or smell

-difficulty breathing

-difficulty swallowing

-pink eye

-digestive issues (nausea/vomiting/diarrhea, stomach pain)

- sluggishness or loss of appetite

C) Have you been in close contact with a person showing symptoms or tested positive for COVID-19?

D) Have you been in close contact with a person with acute respiratory illness who has been outside of Canada in the last 14 days?

If you answered YES to any of the above questions, please do not come to the studio AND contact your health care provider or Telehealth Ontario 1-866-797-000, or visit an Assessment Centre for testing.

THANK YOU FOR KEEPING OUR STUDIO SAFE!

