

# NOTICE



## Screening for COVID-19

**PLEASE DO NOT ENTER THE BUILDING  
WITHOUT ANSWERING THE FOLLOWING QUESTIONS**

1. Do you have at least two of the following symptoms:
  - Fever above 38° C
  - New or worsening chronic cough
  - Sore throat
  - Runny nose
  - Headache
  - Difficulty breathing
  - New onset fatigue
  - New onset muscle pain
  - Diarrhea
  - Loss of taste
  - Loss of smell
  - Pneumonia
2. Are you under the age of 18 and experiencing purple fingers or toes? **If you answered YES to question 1 or 2, self-isolate immediately and call 811 or your family physician for further direction.**
3. Have you returned from travel outside of New Brunswick within the last 14 days?  
**If you answered YES to question 3, you must immediately self-isolate for 14 days unless you have a written exemption. If you have or develop symptoms, call 811 or your family physician.**
4. Have you had close contact within the last 14 days with a confirmed case of COVID-19?  
**If you answered YES to question 4, you must immediately self-isolate for 14 days, if you have or develop symptoms, call 811 or your family physician**
5. Have you had close contact within the last 14 days with a person being tested for COVID-19?  
**If you answered YES to question 5, you may enter the building. However, you must self-monitor for symptoms. If symptoms develop, self-isolate and call 811.**