



COVID-19 新型冠状病毒

您是否有以下任何一项？

Do you have any of the following:

发热



Fever

咳嗽



Cough

呼吸困难



Difficulty breathing

喉咙痛，吞咽困难



Sore throat,
trouble swallowing



Runny nose

流鼻涕



Loss of taste or
smell

失去味道或气味



Not feeling well

不舒服



Nausea, vomiting,
diarrhea

恶心，呕吐，腹泻



Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

在过去的14天中，您是否与病假或已确诊新型冠状病毒的人保持密切接触？



Have you returned from travel outside Canada in the past 14 days?

您过去14天有没有从加拿大以外的地方回来？



If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider, to find out if you need a test.

如果您对以上任何一个问题的回答为“是”，请立即回家并自我隔离。致电 Telehealth(1-866-797-0000)或您的医疗保健提供者，以了解是否需要测试。