

COVID-19 SCREENING

Before entering CCAS office or workplace, please review the following COVID-19 screening questions. If you answer yes to any of the questions, please **DO NOT ENTER** the office or workplace. Please contact us by telephone at 416-395-1500 to reschedule your visit or to access our services. For staff, please return home and contact your supervisor.

01 Have you or anyone in your household been diagnosed or presumed to have COVID-19 or been in close contact with someone diagnosed or presumed to have COVID-19?



02 Are you or anyone in your household ill?



03 Do you or anyone in your household have a fever, recent/worsening cough, difficulty breathing, and/or muscle aches, fatigue, headache, sore throat, runny nose or diarrhea, new loss of taste or smell?



04 Have you or anyone in your household recently travelled? If so, where?



05 Have you or anyone in your household had close contact with someone with respiratory illness who has been outside of the country in the last 14 days?

