

## Daily self screening checklist

Do you have any of the following symptoms?

Symptom	Yes	No
Fever		
Cough		
Shortness of breath / Difficulty breathing		
Sore throat		
Chills		
Painful swallowing		
Runny Nose / Nasal Congestion		
Feeling unwell / Fatigued		
Nausea / Vomiting / Diarrhea		
Unexplained loss of appetite		
Loss of sense of taste or smell		
Muscle/ Joint aches		
Headache		
Conjunctivitis (commonly known as pink eye)		

If the answer is YES to any of the questions or if you or someone in your household has been in close contact with someone who has tested positive for COVID-19, **then stay home and take the [AHS on-line self assessment](#) or call**

**Maskwacis Health: 780-585-3830 or  
Pigeon Lake HealthCentre: 780-586-2003**