



20 SECOND SELF-SCREEN

Are you experiencing any of the following symptoms:



A new or worsening cough?

Difficulty breathing?



Fever or feeling feverish?



Have you been in contact with a person diagnosed with COVID-19 in the past 14 days?

Did you answer **YES** to any of these questions?

Notify your people leader right away about being unable to work your shift and **go home**.

Do the **COVID-19 self-assessment** on the Ontario government's website and follow instructions.

Did you answer **NO** to all questions?

Please use the **hand sanitizer upon entering** the building.

Maintain physical distancing (at least 2 meters or 6 feet from others).

**Thank you for keeping our workplace safe.
We are in this together!**