



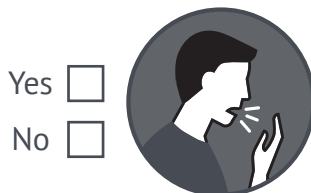
# COVID-19

Please complete the following questions before your flu shot appointment.

## Do you have any of the following (new or worsening):



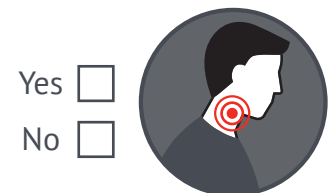
Fever



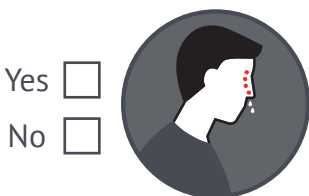
Cough



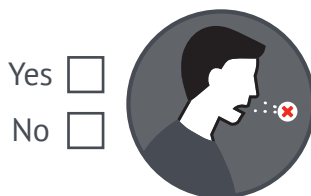
Difficulty breathing



Sore throat, trouble swallowing



Runny nose



Loss of taste or smell



Not feeling well



Nausea, vomiting, diarrhea

Yes  Have you been in close contact with someone who has confirmed COVID-19 in the past 14 days without wearing appropriate PPE?  
No

Yes  Have you returned from travel outside Canada in the past 14 days?  
No

Yes  Have you recently been tested for COVID-19 and are awaiting results?  
No

**If you answered YES to any of these questions please do not enter the pharmacy. Return home and give us a call as we may need to reschedule your appointment.**