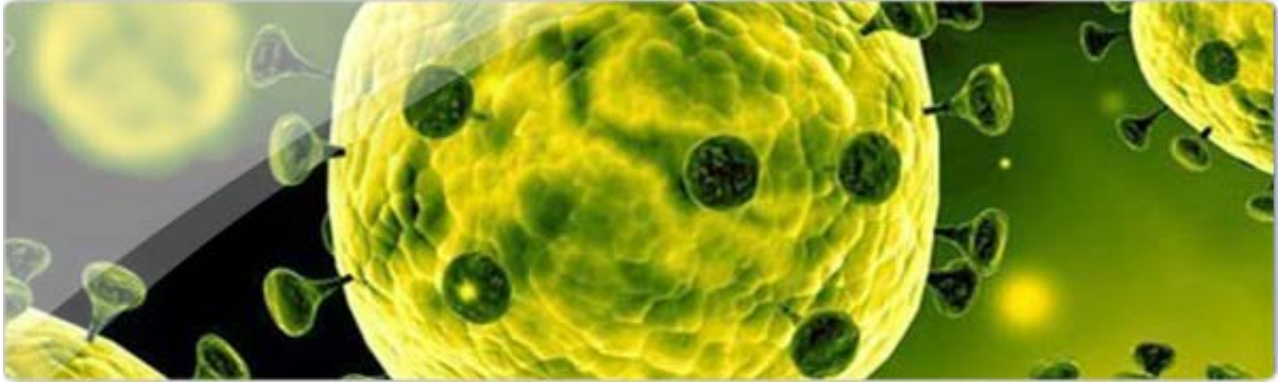


NOTICE



Screening for COVID-19 - Workers who must enter homes or offices, other than their own, to perform their work

PLEASE DO NOT ENTER THE BUILDING

if the homeowners or employees present answer YES to any of the questions

1. Do you have at least two of the following symptoms: fever above 38°C or signs of fever (feeling hot or chills), a new or worsening chronic cough, a sore throat, a runny nose, a headache, new onset fatigue, new onset muscle pain, diarrhea, loss of taste or loss of smell?
 Yes
 No
2. Have you returned from travel outside of New Brunswick or outside of Canada within the last 14 days?
 Yes
 No
3. Have you had close contact within the last 14 days with a confirmed or probable COVID-19 case?
 Yes
 No
4. Have you had close contact with the last 14 days with a person being tested for COVID-19?
 Yes
 No