



Health Questionnaire for Self-Assessment

(Please answer Yes or No)

- a) Have you travelled outside of Canada in the last 14 days?
- b) Are you experiencing any of the following symptoms of COVID-19?
- shortness of breath
 - new onset of cough
 - chills
 - unexplained fatigue
 - headache
 - sore throat
 - runny or stuffy/congested nose
 - lost sense of taste or smell
 - difficulty breathing
 - difficulty swallowing
 - pink eye
 - digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - sluggishness or loss of appetite
- c) Have you been in close contact with a person showing symptoms or tested positive for COVID-19?
- d) Have you been in close contact with a person with acute respiratory illness who has been outside of Canada in the last 14 days?

**If you answered YES to any of these questions,
please do NOT come to the studio.**

**Please contact your health care provider or
Telehealth Ontario 1-866-797-0000, or visit an
Assessment Centre for testing.**

THANK YOU FOR KEEPING OUR STUDIO SAFE!



SAFE. STUDIOS. ONTARIO.