



# COVID-19

Central Presbyterian Church Cambridge

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

Yes   
No



Fever

Yes   
No



Cough

Yes   
No



Difficulty breathing

Yes   
No



Sore throat,  
trouble swallowing

Yes   
No



Runny nose

Yes   
No



Loss of taste or  
smell

Yes   
No



Not feeling well

Yes   
No



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

**If you answered YES to any of these questions,  
go home & self-isolate right away.**