

Do you have any of the following symptoms?

Feeling of fever or chills?

Shortness of breath?

New onset of cough or increase in amount of coughing?

New onset symptom: runny nose/ congestion?

Sore throat? Hoarse voice?

Headache or unusual headache?

Experiencing fatigue?

Sore muscles not related to overexertion or exercise?

Pink eye?

New onset symptom: diarrhea? Vomiting?

Have a skin rash of an unknown cause?

New onset symptom: loss of taste and/or smell?

Have you or a member of your household had close contact (within 2 metres) with a confirmed case of COVID-19?

Are you, or a member of your household, waiting for COVID-19 testing results?

Is a member of your household sick with COVID-19 symptoms, and waiting for COVID-19 test results?

Have you been exposed to COVID-19 in a work or public setting in the last 14 days? (e.g. a setting that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, at a workplace or in a community with a cluster of cases, or at an event?)

Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?

Have you or a member of your household been identified as a close-contact and instructed to self-isolate?

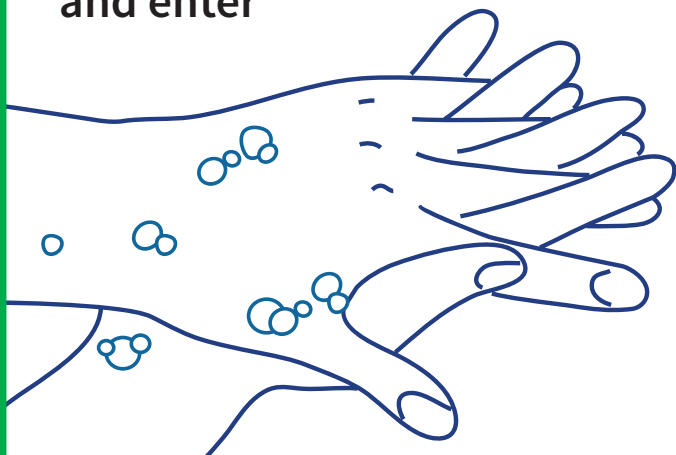
In the last 14 days, have you returned:

- From a Canadian province/territory and you have less than two COVID vaccinations or it has been less than two weeks since your second COVID vaccination?
- From non-essential travel outside Canada?

Travel restrictions are subject to change; up-to-date information is available at: <https://www.gov.mb.ca/covid19/soe.html>

IF ALL ANSWERS ARE NO

Wash your hands again and enter



IF ANY ANSWERS ARE YES

DO NOT ENTER