



P.A.L.S. – Project Adult Literacy Society

Office Visit

Covid-19 Screening Questions

Please answer these questions before you come to the P.A.L.S. office:

Do you have:		Yes	No
1	A fever		
2	A cough		
3	Shortness of breath		
4	A sore throat		
5	A runny nose		

Have you:		Yes	No
1	Come back to Canada in the last 14 days		
2	Been near someone who has come back to Canada in the last 14 days		
3	Been near someone who might have Covid-19		
4	Been near someone who has been near someone with Covid-19		

If you say **Yes** to any of these questions, please do not come to the office at this time.

Thank you for helping keep P.A.L.S. safe and healthy for everyone!