

For your personal safety, and that of the general public, if you have experienced any of the following symptoms, within the past 7 days, please contact your healthcare provider:

- **√** Fever
- **√** Sore Throat
- √ Cough
- **√** Runny Nose
- √ Fatigue
- \checkmark Vomiting, or
- √ Diarrhoea

Thank you for your kind cooperation