



# SYMPTOMS OR POSITIVE TEST OF COVID-19



If the **PARTICIPANT** or **SOMEONE** in their household is exhibiting the following symptoms:

- Fever (greater than 38°C)
- Cough
- Shortness of Breath/Difficulty Breathing
- Sore Throat
- Runny Nose

Inform the **TEAM SAFETY OFFICER** and immediately suspend all ringette activities for the participant

**Call HealthLine 811 and they will recommend 1 of these 3 pathways to follow:**

