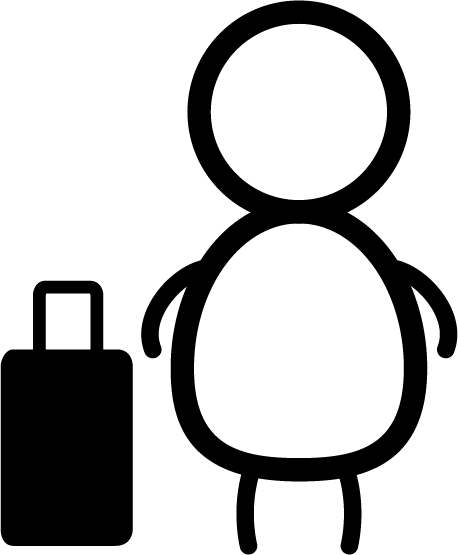
**[Hospital/clinic Name Here]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Why am I not being tested for COVID-19?**  You may want to be tested when you are feeling unwell or nervous.   * Most people with COVID-19 are best cared for at home. * We currently test only when it changes your treatment. | | | | | |
| **You may only be tested if:** | | | | | |
|  |  |  |  |  |  |
| You work or live in  a **high risk setting** (e.g., hospital, homeless  shelter, prison) | You areadmittedto **hospital** |  | You have been **referred** by  public health | [local testing criteria 2] | [local testing criteria 3] |
| **Do I have COVID-19?** | | | | | |
| **You may have COVID-19.**  Most people feel sick (like the flu) and recover well. Only some people get seriously ill.  **You can save lives by staying home.** | |  |  |  |  |
|  | **FIRST stay home**  and **self isolate** for **14 days.** | **THEN** you can **stop isolating ONLY** when you are **symptom free for** **2 days.** | **AFTER isolating** continue **social distancing.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If you feel**  **worse** | **Fever over 38°C (100.4°F)** for **5 days** | **OR** | **Worse shortness  of breath**, even when walking | **OR** | Feel **too sick to**  **get up** or even  watch TV | **OR** | **CALL**  **Telehealth**  **1-866-797-0000 or**  **911 in an emergency** |

[ Please feel free to swap in these icons and text if your testing guidelines change/differ ]

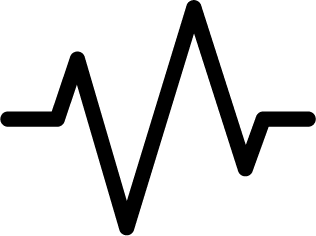


**Travel**



**Exposure** to someone

who has COVID-19



|  |
| --- |
| You have signs  of **severe illness**    Alternate referral icon |