አስተውዕሉ በጻሕቲ

ዝኾነ ይኹን ካብ'ዞም ምልክታት ናይ

òውስትምቓርን

ውሽጣዊ ቍስ ጐረሮ

ጸገም ናይ ምውሓጥ መግቢ

ደም ዝሰረ በ ዓይኒ

克斯ንዛ ርእሲ

ከም ዕግርግር/ተምላስ

ከም ዕግሮሰሉ ጸገማት ናይ ምሕቃቕ መግቢ፡ ተቕማጥ፡ ቃንዛ ከስዐ

ክግለጽ ዘይእል ናይ ጅማውቲ እስተማትን ቃንゞን

ከቱር ድኻም ኣካላት

ቀጻሊ ምውዳቕ

ወይ ምስ ሓደ ኮቪድ -19 ዘለዎ ድዩስ ሓደስቲ ጸገማት ናይ ምስትንፋስ ምስ ዘርኣየ

ሰብ ተራኺብኩም እንተኔርኩም፡ 

ብኽብረትኩም ነቲ ኣብ ናይ መረጋገጺ መልእኽቲ ሰፊሩ ዝርከብ ናይ ምስራዝ ኣማራጺ ዝዀነ መኽፈቲ መስመር ተጠቐሙ ወይ ናብ 519-575-4400 ደውሉ።

#TeamVaccineWR

regionofwaterloo.ca/COVID19vaccine
1. Are you or anyone in your household exhibiting COVID-19 symptoms? For example, fever, cough, or difficulty breathing?
   - Yes
   - No

2. Do you have 14 consecutive days of fever, chills, or headache?
   - Yes
   - No

3. Have you had close contact with anyone diagnosed with COVID-19 in the last 14 days?
   - Yes
   - No

4. Have you or anyone in your household had a fever in the last 10 days?
   - Yes
   - No

5. Are you or anyone in your household travelling from a region with a high number of COVID-19 cases?
   - Yes
   - No

Talk to a real person 24/7 in over 200 languages: 519-514-1499
Deaf and hard of hearing (TTY): 519-575-4608
regionofwaterloo.ca/VaccineCommunity