

## COVID-19 SCREENING QUESTIONNAIRE FOR FIE EVENT

PARTICIPANT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EVENT: \_\_\_\_\_

VENUE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Section 1

Temperature $\geq 100.1/37.8$	YES NO - Actual Temperature:
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### Section 2. Do you have any of the following symptoms:

Recent/New Onset Coughing (unrelated to allergy or pulmonary disease)	YES	NO
Recent/New Nasal Congestion (unrelated to allergies or sinus infection)	YES	NO
Recent/New Onset Sore Throat	YES	NO
Recent/New Onset Shortness of breath (unrelated to chronic disease)	YES	NO
Recent/New Onset Diarrhea	YES	NO
Recent/New Onset Abdominal Pain	YES	NO
Recent/New Onset Nausea/Vomiting	YES	NO
Recent/New Onset Fatigue/Malaise	YES	NO
Recent/New Onset of Loss of Taste/Smell	YES	NO

### Section 3. Exposure

Are you living with someone who is quarantined?	YES	NO
To the best of your knowledge, have you been exposed to <b>or in contact with</b> someone being tested positive for COVID-19 or who has symptoms compatible with COVID-19?	YES	NO
<b>For information purpose :</b> If you have <b>previously</b> tested positive for Covid-19 <b>and</b> <b>overcame the infection</b> or if you have been fully vaccinated, please <b>take with you the relevant documentation.</b>		

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_