|  |
| --- |
|  |

**MEDICAL QUESTIONNAIRE MEDICAL - COVID 19**

**Version date: 04/08/2021**

On the medical level, our objective on the Campus remains unchanged: to protect persons on site from the COVID-19 risk.

**In order to do so, we ask each newcomer, and each visitor / user coming to the site, to COMPLETE the following questionnaire:**

**NAME:**       **First Name:**

**1/** Are you vaccinated against COVID-19 ?

YES

NO

**2/** If yes, can you precise the dates of vaccination and the name of the COVID19 vaccine ?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

**3/** Have you recently been in close contact with a confirmed or highly suspect case of **[[1]](#footnote-1)**COVID-19? (please read the definition of close contact):

YES

NO

**4/** Do you have any recent symptoms suggestive of COVID-19?

YES

NO

(see **annex 1** to help you to answer that question)

**5/** Have you been diagnosed with COVID-19 by a doctor in the last few weeks / months ?

YES

NO

if YES, please indicate the date of your positive test

…………………………………………………………………………………………………………………………………………………………

**6/** Have you been tested for COVID-19 before your arrival in France or recently on the French Territory ?

YES

NO

if YES, please precise the date of your test :

……………………………………………………………………………………………………………………………………………………………

Do you agree to benefit from a test at your arrival ?

YES

NO

PLEASE SUBMIT THIS DULY COMPLETED QUESTIONNAIRE AT LEAST 48 HOURS BEFORE YOU ARRIVE ON SITE ONLY AT THE FOLLOWING EMAIL ADDRESS:

**smtc@ill.fr**

**ANNEX 1 : ii order to help you to identify symptoms of COVID19, please answer the following questions :**

1. In the past 48 hours, what has been your highest temperature ? \_\_\_\_\_\_\_\_\_\_
2. In the past few days, do you have a cough or an increase in your usual cough ?

YES NO

1. In recent days, have you noticed a sharp decrease or loss in your taste or smell ?

YES NO

1. In the past few days, have you had a sore throat and / or muscle pain and / or unusual body aches ?

YES NO

1. In the past 24 hours, have you had diarrhea ?

With at least 3 loose stools.

YES NO

1. Have you been unusually tired these past few days ?

YES NO

1. For 24 hours or more, are you unable to eat or drink ?

YES NO

1. In the past 24 hours, have you noticed any unusual shortness of breath when speaking or making a small effort ?

YES NO

1. A close contact is a person who has had direct contact with a confirmed case, face-to-face, within 2 meters, regardless of the duration (e.g. conversation, meal, physical contact) or having shared an interior space (office or meeting room, personal vehicle, restaurant room, etc.) for at least 15 consecutive minutes or cumulative over 24 hours with a confirmed or probable case or having remained face-to-face with a confirmed case or likely during several episodes of coughing or sneezing [↑](#footnote-ref-1)