Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation: _____

COVID-19 QUESTIONNAIRE
OUTPATIENT CLINIC AND AMBULATORY SERVICES

Outpatient clinic: _____ Appointment date : yyyy/mm/dd	YES	NO
1. Have you tested positively for COVID-19 within the past 14 days?	☐	☐
• **If yes**, have the public health authorities lifted your isolation and declared you "recovered"?	☐	☐
Testing date: yyyy/mm/dd Results: ☐ Positive		
2. Are you currently in isolation as recommended by public health or while awaiting a test result?	☐	☐
3. In the past 14 days, have you travelled outside of Canada?	☐	☐
4. Are you experiencing symptoms, that is, do you have:		
One of the following symptoms:		
• Fever (oral temperature higher than 38°C)	☐	☐
• New or worsening cough	☐	☐
• Difficulty breathing/shortness of breath	☐	☐
• Loss of smell without nasal congestion, with or without a loss of taste	☐	☐
• Sore throat	☐	☐
At least two of the following symptoms:		
• Generalized muscle aches and pains	☐	☐
• Severe fatigue		
• Unusual headache		
• Significant loss of appetite		
• Stomach pain	☐	☐
• Nausea or vomiting		
• Diarrhea	☐	☐
5. Comments: _____		

Signature and title: _____ Date: yyyy/mm/dd

*If the answer is **"yes"** to any of the questions:*

→ *If user has received **a positive COVID-19 diagnosis**: reschedule (consult the physician or professional on file, as needed). Ending isolation is determined by public health.*

→ *If user is **symptomatic** or has been in **isolation as recommended by public health or while awaiting a test result**: reschedule the appointment and inform the user not to come to the appointment with symptoms or during isolation (consult the physician or professional on file, as needed) and refer the user to the COVID-19 information line.*

COVID-19 information line 1-877-644-4545

Day of the appointment: ☐ COVID-19 questionnaire reviewed with the user

Signature and title: _____ Date: yyyy/mm/dd