PEAK MEDICAL CONSULTING
a division of Peak Project Management, Inc.

RESPIRATORY SYMPTOM & EXPOSURE QUESTIONNAIRE

RECORDING INFORMATION

DATE (dd/mm/yy)	CURRENT TIME (24 hr.)	NAME OF RESPONDER / INTERVIEWER	NAME OF CLIENT
/ /	:		

PATIENT'S INFORMATION

NAME	AGE	GENDER
		☐ MALE ☐ FEMALE ☐ OTHER

This questionnaire, the PEAK Medical Consulting (PEAK) Respiratory Symptom & Exposure Questionnaire (RSEQ), is to ascertain, as best as possible, if an individual poses a risk to others by way of respiratory infectious disease transmission.

NOTE: If any question is answered YES or if an individual is febrile ($\geq 38^{O}$ C) and/or has a lowered SpO_2 reading ($\leq$ 93%), the individual is to be considered High-Risk Category, and full PPE should be utilized as per PEAK's 'Infectious Disease Response Algorithm.'

SAMPLE

Is the individual currently &/or has the individual experienced any of the following symptoms within the last 14 days?

SYMPTOM REPORTING

CURRENT TEMPERATURE	TIME TAKEN :	°	☐ ORAL ☐ AXILLARY ☐ TYMPANIC ☐ INFRARED	
PULSE OXIMETRY (SpO_2)	TIME TAKEN :	%		
*ANTIPYRETIC MEDICATION USE	TIME TAKEN :	NAME OF MEDICATION	DOSE	MG

	NO	YES	MILD	MODERATE	SEVERE	DATE OF ONSET
FEVER &/or CHILLS	☐	☐	☐	☐	☐	/ /
COUGH (or worsening chronic cough)	☐	☐	☐	☐	☐	/ /
SHORTNESS OF BREATH	☐	☐	☐	☐	☐	/ /
DIARRHEA	☐	☐	☐	☐	☐	/ /
DIMINISHED SMELL &/or TASTE	☐	☐	☐	☐	☐	/ /
FATIGUE, MALAISE &/or BODY ACHES	☐	☐	☐	☐	☐	/ /
NASAL CONGESTION &/or RUNNY NOSE	☐	☐	☐	☐	☐	/ /
SORE THROAT	☐	☐	☐	☐	☐	/ /

Does the individual meet any of the criteria below?

EXPOSURE REPORTING

	NO	YES
HAD CONTACT WITH A CONFIRMED OR POSSIBLE CASE OF COVID-19 WITHIN THE LAST 14 DAYS.	☐	☐
TRAVELLED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS.	☐	☐
HAD CONTACT WITH A PERSON WHO HAS TRAVELLED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS.	☐	☐

COMMENTS

* Common Antipyretic Medications: Tylenol, Ibuprofen, Aspirin, etc.