

APPENDIX C

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 or in contact with someone being tested positive for COVID-19 or who has symptoms compatible with COVID-19?	YES	NO

For information purpose : If you have **previously** tested positive for Covid-19 **and overcame the infection** or if you have been fully vaccinated, please **take with you the relevant documentation.**

Participant's Signature: _____

Date: _____