PEAK EMERGENCY RESPONSE TRAINING
a division of Peak Project Management, Inc.

INFECTIOUS DISEASE SYMPTOM & EXPOSURE QUESTIONNAIRE (IDSEQ)

DATE (dd/mm/yy)	CURRENT TIME (24 hr.)	NAME OF INDIVIDUAL	DATE OF BIRTH
/ /			/ /

This questionnaire is to ascertain (as best as possible) if an individual poses a risk to others by way of respiratory or gastrointestinal infectious disease transmission. If any question is answered YES in either section (Symptom &/or Exposure Reporting) or, if an individual is febrile (higher than >38ºC), or if an individual's SpO_2 reading is below 93%, the patient is to be considered High Risk Category and requires immediate isolation and secondary screening.

DIAGNOSTICS REPORTING (CURRENT)

TEMPERATURE	TIME :	ºC	☐ ORAL ☐ AXILLA ☐ TYMPANIC ☐ INFRARED
OXYGEN SATURATION (SpO_2)	TIME :	%	
IMMUNIZATION STATUS	☐ FULLY IMMUNIZED (>14 DAYS)	☐ PARTIALLY IMMUNIZED	☐ NO IMMUNIZATION

IS THE INDIVIDUAL CURRENTLY &/OR HAS THE INDIVIDUAL EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS WITHIN THE LAST 14 DAYS?

SYMPTOM REPORTING	NO	YES	MILD	MODERATE	SEVERE	DATE OF ONSET (dd/mm/yy)	TIME OF ONSET (24 hr.)
FEVER REDUCING MEDICATION USE?	☐	☐	TIME :	DOSE MG		DRUG NAME	
FEVER (≥38º)	☐	☐				/ /	:
FEELING FEVERISH &/or CHILLS	☐	☐	☐	☐	☐	/ /	:
NEW or WORSENING COUGH	☐	☐	☐	☐	☐	/ /	:
SHORTNESS OF BREATH	☐	☐	☐	☐	☐	/ /	:
DIMINISHED SMELL &/or TASTE	☐	☐	☐	☐	☐	/ /	:
HEADACHE	☐	☐	☐	☐	☐	/ /	:
MUSCLE &/or BODY ACHES	☐	☐	☐	☐	☐	/ /	:
FATIGUE &/or WEAKNESS	☐	☐	☐	☐	☐	/ /	:
SORE THROAT	☐	☐	☐	☐	☐	/ /	:
ABSOMINAL PAIN / CRAMPING	☐	☐	☐	☐	☐	/ /	:
DIARRHEA &/or NAUSEA / VOMITING	☐	☐	☐	☐	☐	/ /	:

NON-FULLY IMMUNIZED INDIVIDUALS:

DOES THE INDIVIDUAL MEET ANY OF THE CRITERIA BELOW?

EXPOSURE REPORTING	NO	YES
TRAVELLED OUTSIDE OF CANADA WITHIN THE LAST 14 DAYS.	☐	☐
HAD CONTACT WITH A CONFIRMED OR POSSIBLE CASE OF COVID-19 WITHIN THE LAST 14 DAYS.	☐	☐
BEEN ADVISED BY A HEALTH AUTHORITY TO ISOLATE	☐	☐
BEEN TESTED OR IN CONTACT WITH SOMEONE WHO HAS BEEN TESTED FOR COVID-19 WITHIN THE LAST 14 DAYS	☐	☐