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

RESPIRATORY SYMPTOM & EXPOSURE QUESTIONNAIRE

RECORDING INFORMATION

DATE (dd/mm/yy)	CURRENT TIME (24 hr.)	NAME OF ADMINISTRATOR
/ /	:	

PEAK USE

DATE IMO NOTIFIED (dd/mm/yy)	TIME IMO NOTIFIED (24 hr.)
/ /	:

GUEST INFORMATION

NAME	AGE	GENDER
		☐ MALE ☐ FEMALE ☐ OTHER

This questionnaire, PEAK Emergency Response Training (PEAK), Respiratory Symptom & Exposure Questionnaire (RSEQ), is to ascertain if an individual poses a risk to others by way of respiratory infectious disease transmission. The RSEQ is to be utilized at the beginning of each instructional day for PEAK courses. NOTE: if any question is answered YES in either section (Symptom &/or Exposure Reporting) or, if an individual is febrile, the patient is to be considered High Risk Category and should not be permitted entry into the course location.

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 : — °C — ☐ ORAL ☐ AXILLARY ☐ TYMPANIC ☐ INFRARED

ANTIPYRETIC MEDICATION USE — TIME TAKEN : — NAME OF MEDICATION — DOSE MG

	NO	YES	MILD	MODERATE	SEVERE	DATE OF ONSET (dd/mm/yy)	TIME OF ONSET (24 hr.)
FEVER	☐	☐	☐	☐	☐	/ /	:
COUGH	☐	☐	☐	☐	☐	/ /	:
DIFFICULTY BREATHING (SOB)	☐	☐	☐	☐	☐	/ /	:
DIARRHEA	☐	☐	☐	☐	☐	/ /	:
DIMINISHED SMELL &/or TASTE	☐	☐	☐	☐	☐	/ /	:
NASAL CONGESTION / RUNNY NOSE	☐	☐	☐	☐	☐	/ /	:
FATIGUE &/or MALAISE	☐	☐	☐	☐	☐	/ /	:
SORE THROAT	☐	☐	☐	☐	☐	/ /	:
MUSCLE & BODY ACHES	☐	☐	☐	☐	☐	/ /	:

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