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

RESPIRATORY SYMPTOM & EXPOSURE QUESTIONNAIRE

DATE *(dd/mm/yy)*	CURRENT TIME *(24 hr.)*	NAME OF STAFF MEMBER, GUEST OR PATIENT	DATE OF BIRTH
/ /			/ /

This questionnaire, the 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. 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 secondary screening.

DIAGNOSTICS REPORTING (CURRENT)

TEMPERATURE	TIME :	ºC	☐ *ORAL*	☐ *AXILLA*	☐ *TYMPANIC*	☐ *INFRARED*
OXYGEN SATURATION (SpO_2)	TIME :	%				

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	☐	☐	☐	☐	☐	/ /	:
FEELING FEVERISH &/or CHILLS	☐	☐	☐	☐	☐	/ /	:
NEW or WORSENING COUGH	☐	☐	☐	☐	☐	/ /	:
DIFFICULTY BREATHING (SOB)	☐	☐	☐	☐	☐	/ /	:
HEADACHE	☐	☐	☐	☐	☐	/ /	:
DIMINISHED SMELL &/or TASTE	☐	☐	☐	☐	☐	/ /	:
MUSCLE &/or BODY ACHES	☐	☐	☐	☐	☐	/ /	:
FATIGUE &/or WEAKNESS	☐	☐	☐	☐	☐	/ /	:
SORE THROAT	☐	☐	☐	☐	☐	/ /	:
DIARRHEA, VOMITING &/or ABDO PAIN	☐	☐	☐	☐	☐	/ /	:
NASAL CONGESTION / RUNNY NOSE	☐	☐	☐	☐	☐	/ /	:

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 LAST 14 DAYS.	☐	☐
HAD CONTACT WITH A PERSON WHO HAS TRAVELLED OUTSIDE OF CANADA WITHIN THE LAST 14 DAYS.	☐	☐

COMMENTS