

SELF-ASSESSMENT HEALTH QUESTIONNAIRE

Coronavirus

Have you had Covid-19 ? Or a strong suspicion of having been infected ?		Yes	No
Have you had or do you currently have one or several of the symptoms in the following list :		Yes	No
General symptoms :	Fever, Temperature >38°	Yes	No
	Shivering	Yes	No
	Headache	Yes	No
	Unusual persistent tiredness	Yes	No
	Balance problems - falls	Yes	No
Respiratory symptoms :	Cough	Yes	No
	Expectoration (spit)	Yes	No
	Breathlessness	Yes	No
ENT symptoms :	Sore throat	Yes	No
	Blocked nose	Yes	No
	Sneezing	Yes	No
	Anosmia – loss of smell	Yes	No
	Ageusia - loss of taste	Yes	No
Ocular symptoms :	Conjunctivitis	Yes	No
	Itchy eyelids	Yes	No
Lower digestive symptoms :	Abdominal pain	Yes	No
	Diarrhoea	Yes	No
Upper digestive symptoms :	Nausea	Yes	No
	Vomiting	Yes	No
Pain :	Muscular - aches	Yes	No
	Joints	Yes	No
Skin problems	Rash	Yes	No
	Recent chilblains on your extremities	Yes	No
Have you felt other unusual sensations ?		Yes	No
Do you feel depressed, flat?		Yes	No
Has your weight changed drastically (+/- 3 kgs) ?		Yes	No
Have you been in contact in the last 14 days with someone diagnosed with Covid ?		Yes	No
Have you been in contact with someone presenting one of the symptoms mentioned above ?		Yes	No

If you have answered YES to one or more of these questions, it is recommended that you suspend your embarkment and consult a doctor who can offer you a PCR test and eventually a blood test.