

## Health COVID19 - Health declaration for study participants

Project identification code :

Dear research participant,

Please fill out this health declaration **the day before** your scheduled meeting with a member of the research team. The purpose of this form is to inform you of the most common symptoms of COVID-19 and to reduce the risks of transmitting this disease. Please be assured that the research team will conduct a similar self-health assessment before meeting you.

If you answer yes to any of the following questions, please do not come to meet the research team. Instead, inform the contact person named in the information letter sent to participants to make new arrangements for your participation in the project.

<b>Only one of the following symptoms or conditions justifies non-participation in the research on the scheduled date</b>	<b>YES</b>	<b>NO</b>
Do you have a fever (oral temperature of 38 ° C (100.4 ° F)) or greater or have chills like a flu?		
Recent cough or worsening of a chronic cough		
Trouble breathing even when at rest		
Sudden loss of sense of smell (anosmia) without nasal congestion, with or without loss of taste		
Sore throat		
Have you traveled outside of Canada in the past 14 days?		
Have you been in contact with people infected with COVID-19 in the past 14 days?		
Have you tested positive for COVID-19 in the past 14 days?		

<b>An answer "Yes" to at least two of the following symptoms justifies non-participation in the research on the planned date</b>	<b>YES</b>	<b>NO</b>
Unusual intense fatigue for no obvious reason		
Unusual muscle pain or stiffness (not related to physical exertion)		
Significant loss of appetite		
Unusual headache		
Nausea or vomiting		
Diarrhea		
Stomach aches		

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*In case you show any symptoms, you should contact the **1 877 644-4545** line set up by the Government of Québec to obtain more information on what you should do.*

If, despite the protective measures put in place, it happens that you have been put in contact with a person suffering from COVID-19, do you authorize us to transmit your name and telephone number to public health so that is she contacting you?

Yes      No

Please fill out, sign and give this form to a member of the research team, who will make a copy before giving it back to you in paper or digital form, at your convenience.

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Name, first name

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Telephone number

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Research participant signature

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Date (D-M-Y)