

**COVID-19 and other
contagious illness health declaration for study participants**

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 as well as contagious illness to reduce the risks of transmitting diseases. 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.

Only one of the following symptoms or conditions	YES	NO
Do you have a fever (oral temperature of 38 ° C (100.4 ° F)) or greater or have chills?		
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?		
Recent cough or worsening of a chronic cough?		
Trouble breathing even when at rest?		
Have sudden loss of sense of smell (anosmia) without nasal congestion, with or without loss of taste?		
Have a sore throat?		

At least <u>two</u> of the following symptoms	YES	NO
Runny nose or congestion of unknown cause (allergy excluded)		
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		

Other symptoms	YES	NO
Unusual night sweats		
Swollen glands		
Rash of unknown origin		

This document will be kept for a maximum of 14 days following your participation and will be destroyed thereafter.

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In case you show any symptoms, we invite you to take the screening test for COVID-19, visit the [Self-isolation instructions](#) site or contact the 1 877 644-4545 line set up by the Government of Québec to obtain more information on what you should do.

Are you adequately vaccinated against COVID-19??

Yes No Prefer not to answer

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.

Name, first name

Telephone number

Research participant signature

Date (D-M-Y)

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