**COVID-19 : Fact Sheet**

<table>
<thead>
<tr>
<th>Covid-19 scheduling</th>
<th>Required information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>First name:</td>
</tr>
<tr>
<td>Birth name:</td>
<td>Birth date:</td>
</tr>
<tr>
<td>Doctor name:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td>Mobile phone number:</td>
</tr>
<tr>
<td>Social security number:</td>
<td>Affiliation organism:</td>
</tr>
<tr>
<td></td>
<td>Department:</td>
</tr>
</tbody>
</table>

**Accommodation type**
- House or apartment (alone or with family)
- Hospitalized
- EHPAD resident
- In prison
- Other collective accommodation structure

**Type of profession**
- Health professional (medical or paramedical)
- Non-healthcare professional

**Symptoms**
- Fever greater than 37.5 over several hours
- Dry or oily cough
- Feeling of oppression
- Feeling short of breath
- Chest pain
- Body aches
- Chills
- Headache
- Unusual fatigue
- Loss of smell
- Loss of taste
- Digestive symptoms

**Risk factors**
- High blood pressure
- History of stroke
- History of heart surgery
- Coronary pathologies
- Heart failure
- Unbalanced insulin-dependent diabetes
- Chronic respiratory pathology
- Dialysis patient
- Health professional
- Cancer under treatment
- Pregnancy
- Over 70 years old
- Obesity BMI > 30Kg / m²

**Date of first symptoms**: [DATE] [No symptoms]