COVID-19 : Fact Sheet

Covid-19 scheduling	Required information	
Name :	First name :	Gender :
Birth name :	Birth date :	
Doctor name :		
Email :	Mobile phone number :	
Social security number :	Affiliation organism : Department :	

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

Date of first symptoms :	❑ DATE :	❑ No symptoms

Symptoms	Risk factors
❑ Fever greater than 37.5 over several hours	❑ High blood pressure
❑ Dry or oily cough	❑ History of stroke
❑ Feeling of oppression	❑ Coronary pathologies
❑ Feeling short of breath	❑ Heart failure
❑ Chest pain	❑ History of heart surgery
❑ Body aches	❑ Unbalanced insulin-dependent diabetes
❑ Chills	❑ Chronic respiratory pathology
❑ Headache	❑ Dialysis patient
❑ Unusual fatigue	❑ Health professional
❑ Loss of smell	❑ Cancer under treatment
❑ Loss of taste	❑ Pregnancy
❑ Digestive symptoms	❑ Over 70 years old
	❑ Obesity BMI> 30Kg / m²