École nationale de police Québec

Health Questionnaire

To be completed every day before your arrival at ENPQ or in class

Last name and first name:	
Phone number where you can be reached:	
Name of program or course:	
Week starting on:	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
QUESTIONS ABOUT YOUR PERSONAL SITUATION						
Have you travelled outside of the country during the last two weeks?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
If yes, are you subject to an isolation instruction?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
In the past 10 days, did you have a high-risk contact with anyone who has tested positive for COVID-19 or is currently under investgation? *Definition of high-risk contact :* *- People living under the same roof as a case of Covid-19* *- Sexual partners, couples who don't live together*	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Are you properly protected against Covid-19?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Are you subject to a isolation instruction or awaiting your Covid-19 test or test results?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___

QUESTIONS ABOUT YOUR HEALTH **Experiencing only one of the following symptoms justifies immediate withdrawal from work or training**						
Do you have flu-like symptoms, such as fever or chills, or an oral temperature equal to 38°C (100.4°F) or higher?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have a recent cough or worsening of a cough?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have difficulty breathing or shortness of breath?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Have you suddenly lost the sense of smell without nasal congestion (stuffy nose), with or without loss of taste?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___

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Do you have a sore throat?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___

QUESTIONS ABOUT YOUR HEALTH Answering "Yes" to at least two of the following questions justifies immediate withdrawal from work or trai						
Are you experiencing unusual major fatigue for no obvious reason?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have unusual muscle aches or pains (not related to physical exertion)?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have an unusual headache?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Are you experiencing a significant loss of appetite?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initiales ___
Are you experiencing nausea (indigestion) or vomiting?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have a stomach ache?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have diarrhea?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___
Do you have a runny nose or nasal congestion (stuffy nose) of unknown cause?	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___	☐ Yes ☐ No Initials ___

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Saturday
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__

☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__

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☐ Yes ☐ No Initials__

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☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initiales__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__
☐ Yes ☐ No Initials__