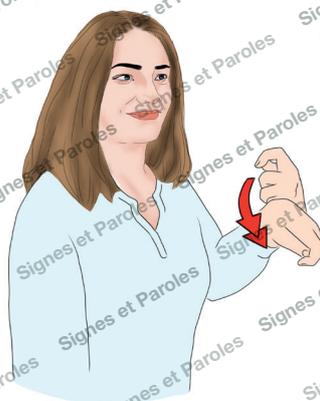
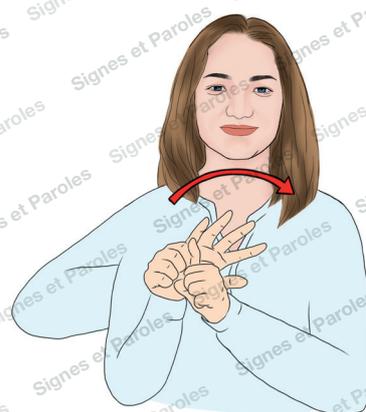
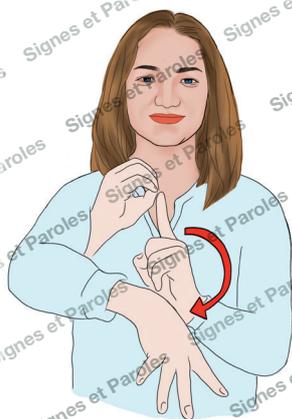
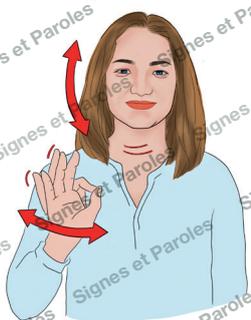


COVID-19

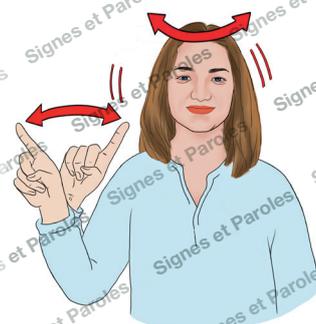
Fiche de communication en Langue des Signes Française



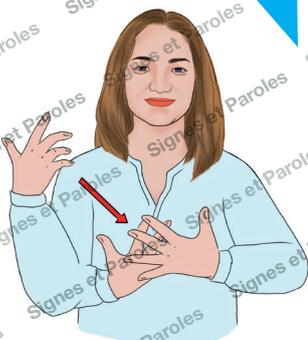
Avez-vous de la fièvre ?



OUI



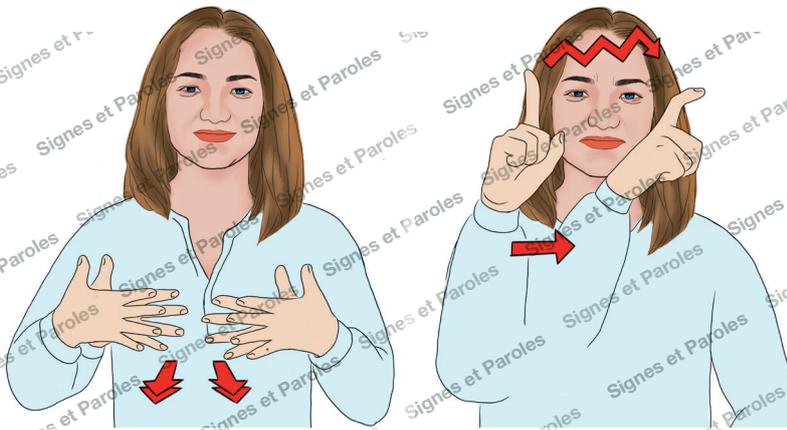
NON



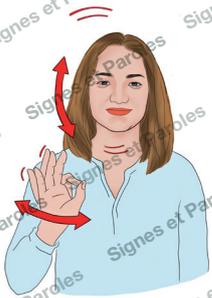
Depuis quand ?



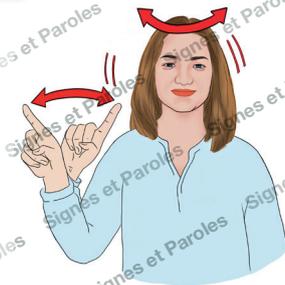
... jour(s)



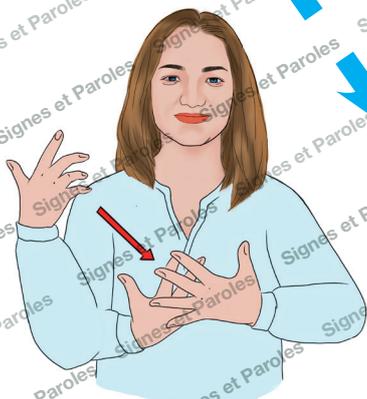
Avez-vous des difficultés pour respirer ?



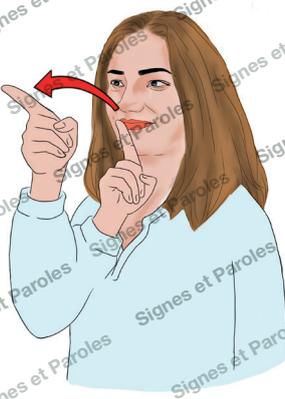
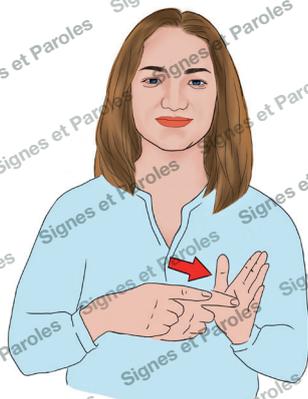
OUI



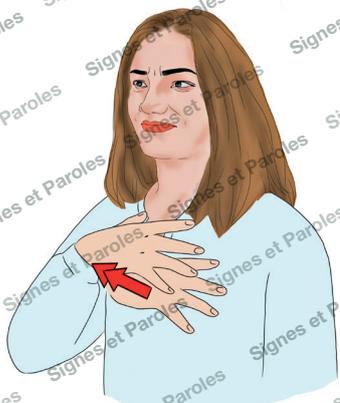
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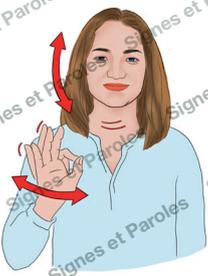
Depuis quand ?



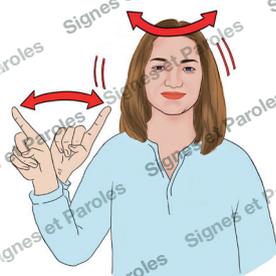
... jour(s)



Avez-vous de l'asthme ?



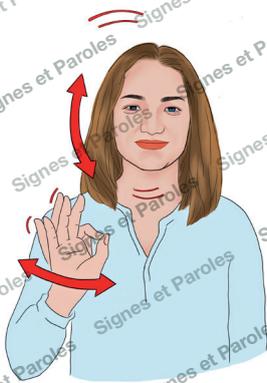
OUI



NON



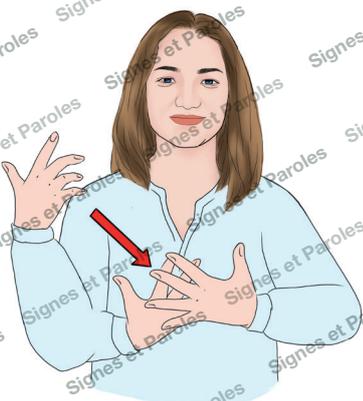
Toussez-vous beaucoup ?



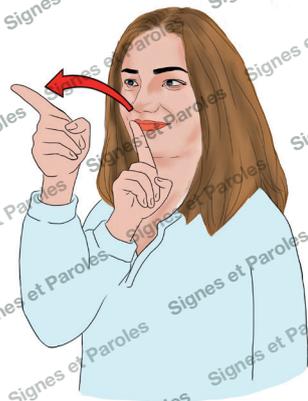
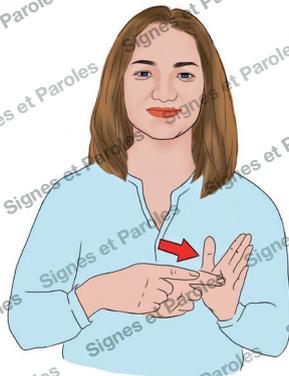
OUI



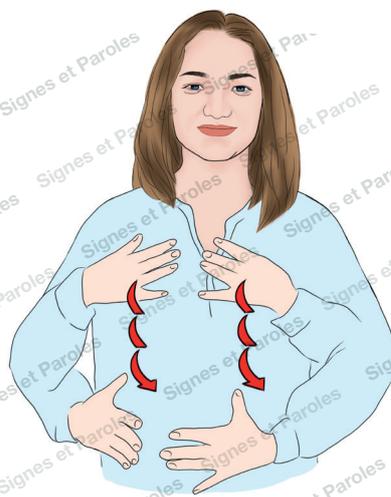
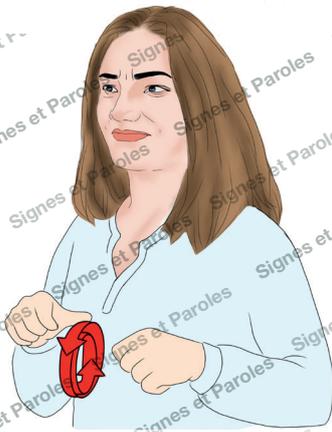
NON



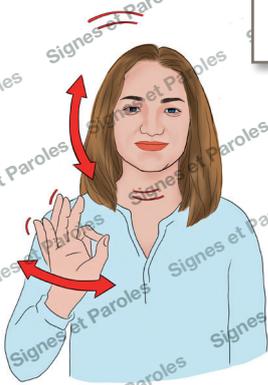
Depuis quand ?



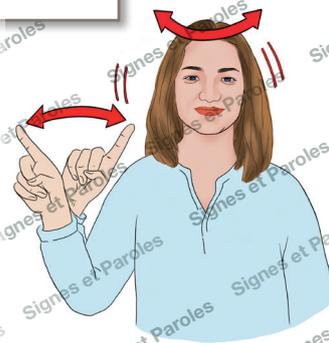
... jour(s)



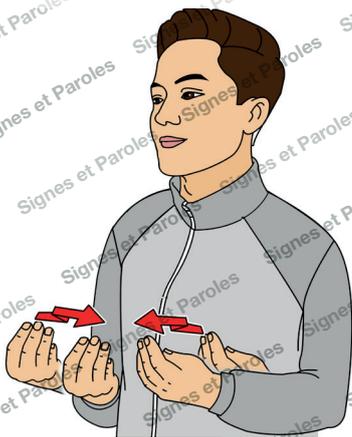
Avez-vous des courbatures ?



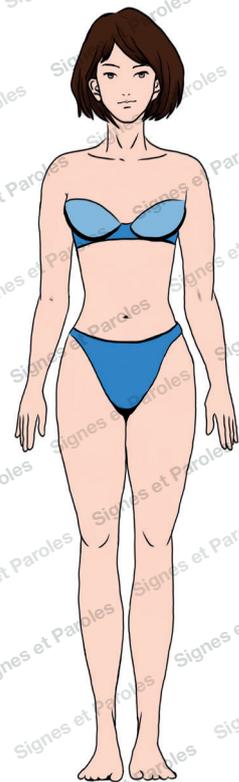
OUI

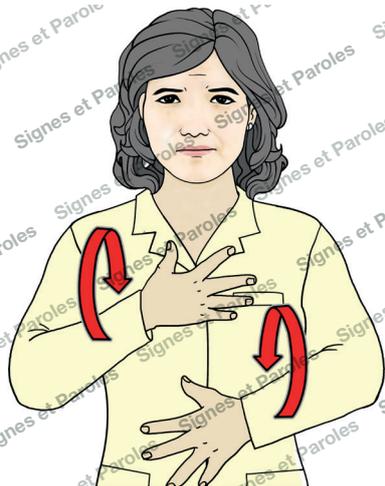


NON



Montrez-nous où vous avez mal

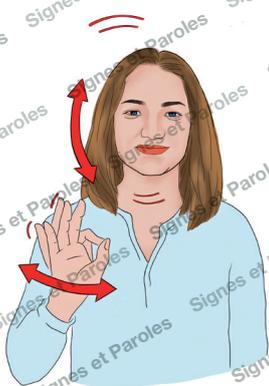
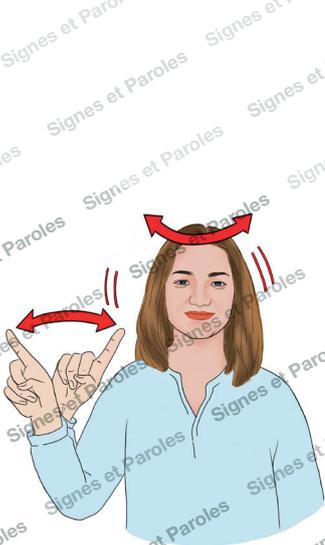




Êtes-vous fatigué(e) ?

OUI

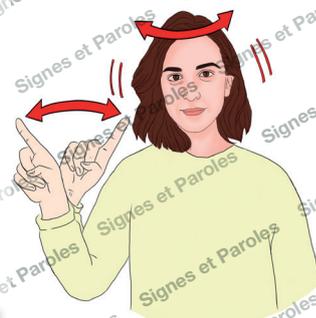
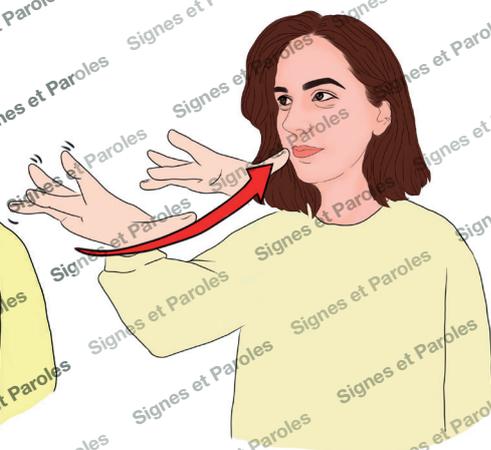
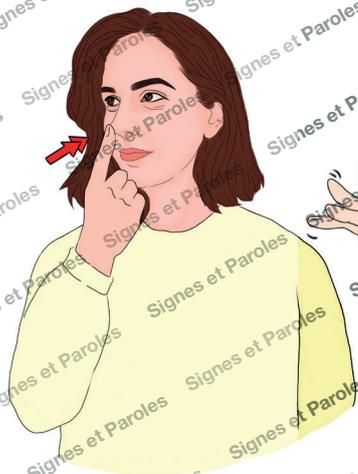
NON



NON

OUI

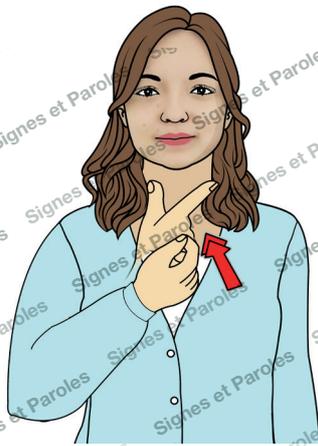
Avez-vous du goût en mangeant ?



Sentez-vous les odeurs ?

OUI

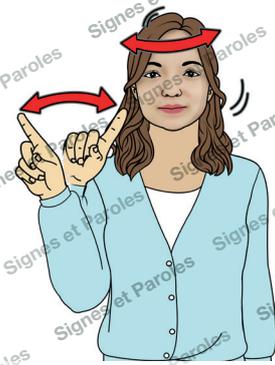
NON



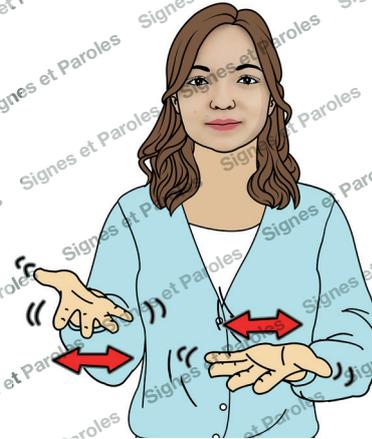
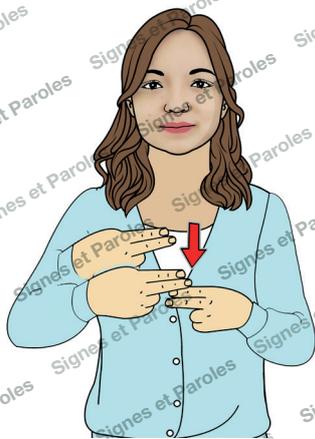
Avez-vous pris des traitements ?



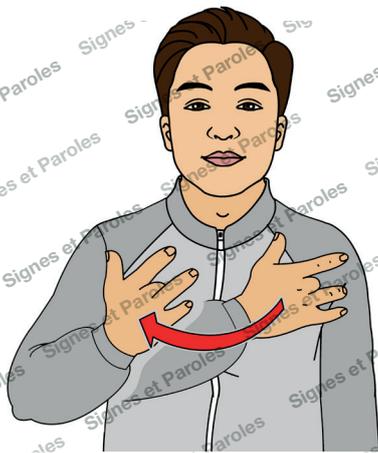
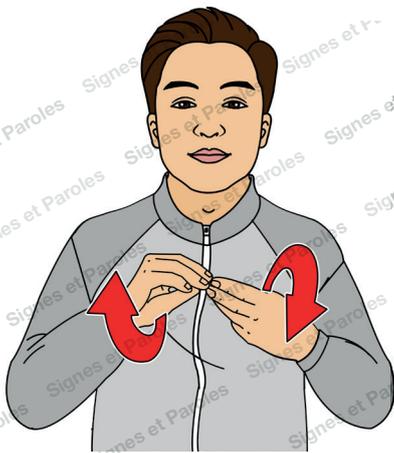
OUI



NON



De quel traitement s'agit-il ?

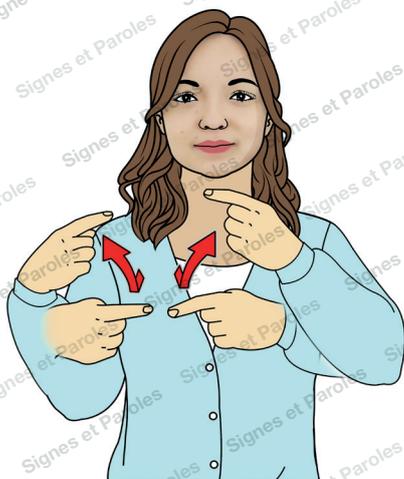


OUI

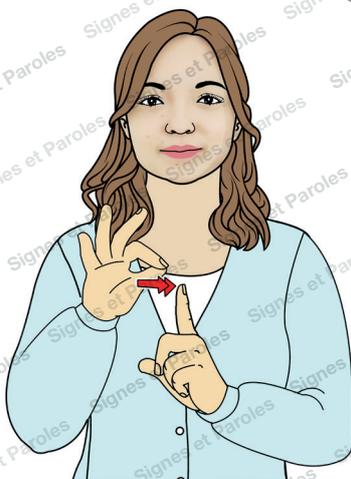
Avez-vous des problèmes de santé ?



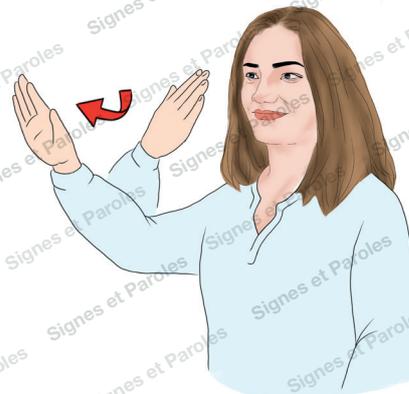
NON



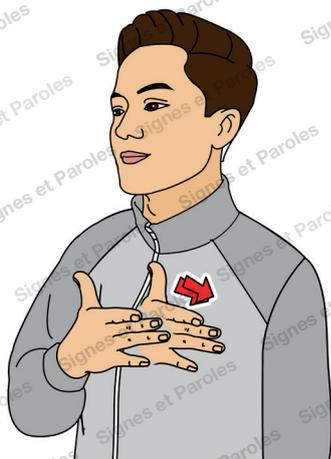
Allergie



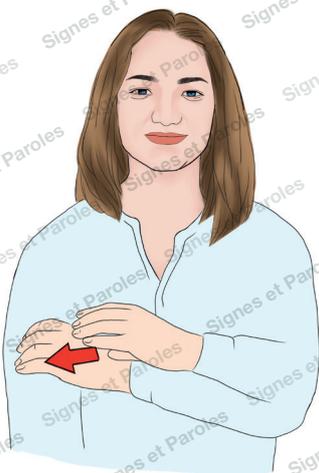
Diabète



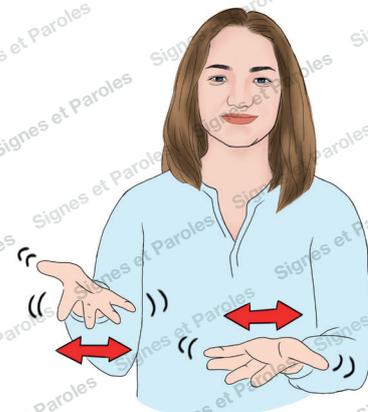
Autres



Coeur

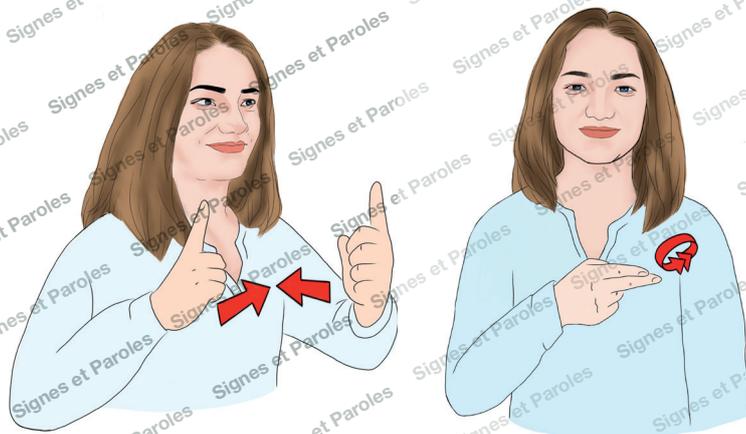


Tension

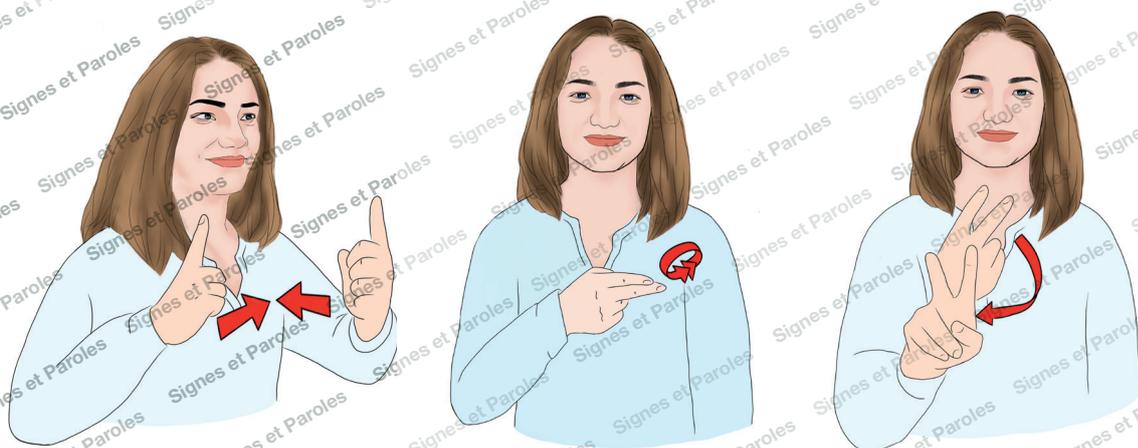


Lequel ?

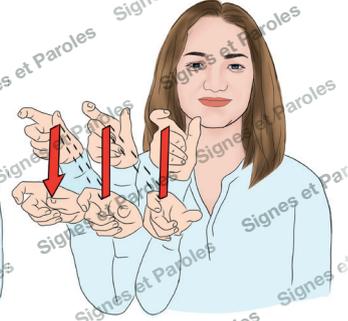
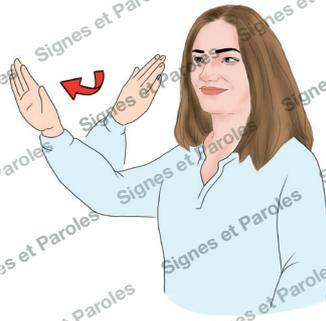
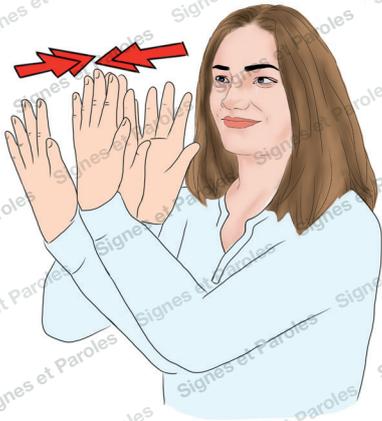
Les signes utiles



Consultez un médecin

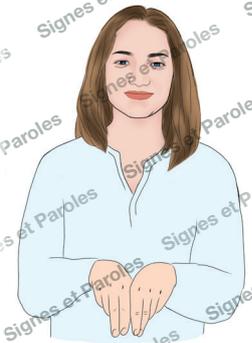


Consultez VOTRE médecin



D'autres personnes

Eviter contact avec



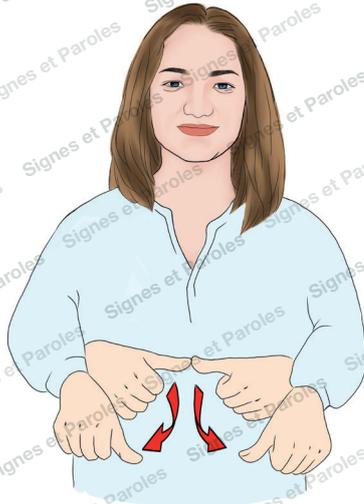
La famille



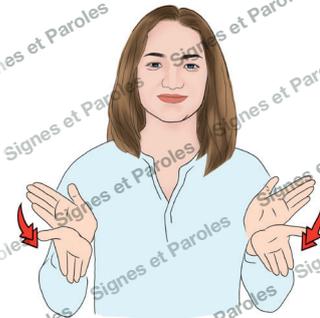
Masque obligatoire



Vous devez rester



A la maison



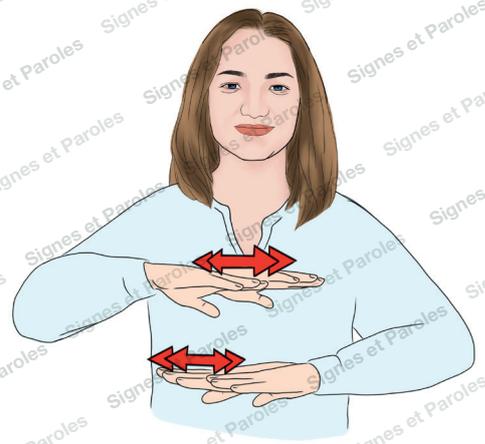
A l'hôpital



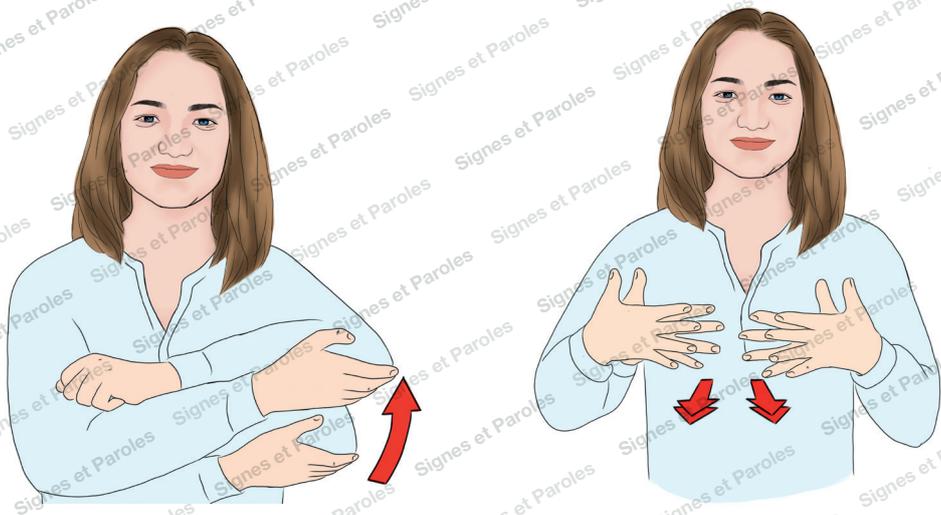
Une prise de sang



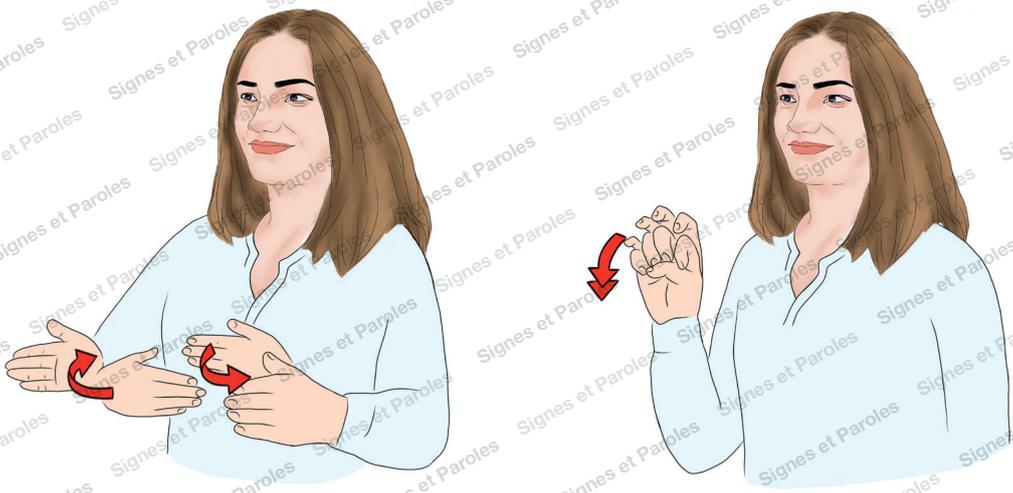
Prélèvement d'urine



Faire une radiologie



Aide respiratoire



Quarantaine