

COVID-19 Screening Tool for Families

Parents and guardians, use this checklist every day before sending your children to school.

If you answer "YES" to one or more questions, you must keep your child home from school today.

Question 1

Does your child have any **new, unusual, or worsening** symptoms as listed below?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Does your child have at least **2** of these symptoms?

YES NO

► If the answer to the question above is "yes", keep your child home and consult your primary care physician. If a doctor determines that the symptoms are due to another diagnosis, or COVID-19 is ruled out, your child may return to school after being fever-free for 24 hours **without** the use of fever-reducing medications.

Question 2

In the last 14 days, has your child been identified as a close contact of anyone who has had a positive COVID-19 diagnostic test? You may answer "NO" if:

- The close contact had a positive COVID (PCR) test within the past five months; **OR**
- The close contact has completed the vaccination protocol (two doses for Pfizer and Moderna, one dose for Johnson & Johnson) and 14 days have passed since the last dose of the vaccine has been administered; **OR**
- The exposure occurred only in the classroom while both the individual identified as COVID positive and the close contact were masked and sitting at least three feet apart, and the identified close contact remains asymptomatic and continues to closely monitor for symptoms.

YES NO

► If the answer to this question is "yes", your child must stay home to quarantine for 10 days from the last exposure to the close contact unless symptoms appear. (See section above regarding symptoms.)



Report any confirmed or suspected cases:

In the City of Detroit:

[Detroit Health Department](#)

Main Communicable Disease Line: (313) 876-4000

After Hours Call Center: (313) 876-4000

Outside the City of Detroit:

[Wayne County Public Health Division](#)

Main Communicable Disease Line: (734) 727-7078

After Hours Call Center: (734) 727-7284

Mary Roman: mroman@waynecounty.com • (734) 727-7150

Nnenna Wachuku: nwachuku@waynecounty.com • (734) 727-7253

Lukas Ayers: layers@waynecounty.com • (734) 727-7076

08.24.21

COVID-19 Screening Tool for Staff and Visitors

Use this checklist every day before entering a school building.

If you answer "YES" to one or more questions, you must stay home.

Question 1

Do you have any **new**, **unusual**, or **worsening** symptoms as listed below?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Do you have at least **2** of these symptoms?

YES NO

► If the answer to this question is "yes", stay home and consult your primary care physician. If a doctor determines that the symptoms are due to another diagnosis, or COVID-19 is ruled out, you may return to school after being fever-free for 24 hours **without** the use of fever-reducing medications.

Question 2

In the last 14 days, have you been identified as a close contact of anyone who has had a positive COVID-19 diagnostic test? You may answer "NO" if:

- The close contact had a positive COVID (PCR) test within the past five months; **OR**
- The close contact has completed the vaccination protocol (two doses for Pfizer and Moderna, one dose for Johnson & Johnson) and 14 days have passed since the last dose of the vaccine has been administered; **OR**
- The exposure occurred only in the classroom while both the individual identified as COVID positive and the close contact were masked and sitting at least three feet apart, and the identified close contact remains asymptomatic and continues to closely monitor for symptoms.

YES NO

► If the answer to this question is "yes", you must stay home to quarantine for 10 days from the last exposure to the close contact unless symptoms appear. (See symptom section to the left.)



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