

# 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.

Does your child have any unusual symptoms from the list below?

- | YES                      | NO                       |                                              |
|--------------------------|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A fever? (Temperature greater than 100.4° F) |
| <input type="checkbox"/> | <input type="checkbox"/> | A new or worsening cough?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Headache and sore throat?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath/difficulty breathing?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Runny nose and/or congestion?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Body aches and/or tiredness?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting and/or diarrhea?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | New loss of smell or taste?                  |

If the answer to any of the questions 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.

- |                          |                          |                                                                                                                       |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your child had close contact with anyone who had a positive COVID-19 diagnostic test in the past 14 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your child traveled out of the US by airplane in the last 14 days?                                        |

If the answer to either of these questions is **“yes”**, you and your child must stay home to quarantine for 14 days since last contact or return to US.

## 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

Dr. Kenetra Young: [youngke@detroitmi.gov](mailto:youngke@detroitmi.gov) • (313) 590-7603

### 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](mailto:mroman@waynecounty.com) • (734) 727-7150

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

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

