

# 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"/> | 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 in the last 14 days?  |

If the answer is "yes" to either of these questions, 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

Sarmed Rezzo: [rezzos@detroitmi.gov](mailto:rezzos@detroitmi.gov) • (313) 720-1335

### 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

