



WAYNE COUNTY CHILDREN SERVICES BOARD  
COVID-19 Screening Checklist



As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone interacting with WCCSB to ensure safety and well-being for all. Thank you for your understanding and cooperation. Your health and safety are priorities for WCCSB.

**To start the screening process, please wash your hands or use hand sanitizer.**

1. Temperature monitoring is a recommended prevention measure for COVID-19. If your current temperature is 100.4 or higher you are running a fever. We are unable to allow you to be present at WCCSB today.

Do You Have a Fever?       Yes       No

2. Have you had any of the following symptoms over the last 14 days:

➤ Fever (greater than or equal to 100.4 degrees)

Yes       No

➤ New Cough or Shortness of Breath or Difficulty Breathing

Yes       No

➤ Chills

Yes       No

➤ Muscle or Body Aches

Yes       No

➤ Sore Throat

Yes       No

➤ New Loss of Taste or Smell

Yes       No

➤ Nausea or Vomiting or Diarrhea

Yes       No

3. Have you traveled overnight outside Wayne County, Ohio, over the last 14 days (including out of state and international travel) to a location that has a higher COVID-19 occurrence rate than Wayne County?

Yes       No

4. Have you had close contact with a person with a confirmed or possible COVID-19 illness?

Yes       No

If you answered “yes” to any of the above (Questions 2-4), we are unable to allow you to be present at WCCSB today.

Name: \_\_\_\_\_

Date: \_\_\_\_\_