



WAYNE COUNTY CHILDREN SERVICES BOARD
COVID-19 Screening Checklist



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

Checked Temperature: 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

If you answered Yes to any of the items listed in Question 2, we are unable to allow you to be present at WCCSB today.

It is recommended that persons with COVID-19 who have symptoms isolate until:

- At least 24 hours have passed since last fever without the use of fever-reducing medications and improvement in symptoms and,
- At least 10 days have passed since symptoms first appeared.

It is recommended that persons who are confirmed positive but have no symptoms isolate until:

- 10 days after first positive test if symptoms have not developed.

3. Are you fully vaccinated for COVID-19? Yes No

4. Have you had close contact with a person with a confirmed or possible COVID-19 illness within the last 48 hours?

Yes No

Close contact includes:

- Less than six feet apart for more than 15 minutes in a 24-hour period
- Strenuous activity together
- Riding in a car together, or prolonged periods of time in enclosed environments

If you answered Yes to Question 4, we are unable to allow you to be present at WCCSB today.

Name: _____

Date: _____