



WAYNE COUNTY CHILDREN SERVICES BOARD
Wellness Screening Checklist



We are conducting screening for potential risks of illness and other communicable diseases and/or issues with visitors to Wayne County Children Services. This is to ensure safety and well-being for everyone. Thank you for your understanding and cooperation. Your health and safety are a priority for our agency.

Name: _____ Date: _____

Please answer the items listed below.

Have you had any of the following symptoms over the last five days:

- Fever (greater than or equal to 100.4 degrees) Yes No
- New Cough or Shortness of Breath or Difficulty Breathing Yes No
- Sore Throat Yes No
- Nausea or Vomiting or Diarrhea Yes No
- Communicable Illness and/or Environmental Issue such as lice, hand/foot/mouth disease, bed bugs, roaches, etc. Yes No

○ If yes, please list what illness/issue you have: _____

If you answered Yes to any of the items listed above, we are unable to allow you to be present at Wayne County Children Services today.