COVID-19 Screening Tool for School Staff & Visitors

Use this checklist every day before entering a school building.

If you answer “YES” to one or more questions, you must stay home.

Do you have any new, unusual, or worsening symptoms as listed in Box One and Box Two below?

| Box 1                                                                 | Box 2                                                                 |
|                                                                      |                                                                      |
| • Fever? (100.4º F or greater)                                       | • Vomiting or diarrhea?                                               |
| • Cough?                                                             | • Headache?                                                          |
| • Shortness of breath?                                               | • Sore throat?                                                       |
| • Difficulty breathing?                                              | • Runny nose and/or congestion?                                      |
| • Loss of smell or taste?                                            | • Body aches and/or tiredness?                                       |

Do you have at least 1 of these symptoms?  
☐ YES  ☐ NO

Do you have at least 2 of these symptoms?  
☐ YES  ☐ NO

If the answer to any of the questions above is “yes”, stay 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, you may enter the school after being fever-free for 24 hours without the use of fever-reducing medications.

YES  NO
☐ ☐ In the last 10 days, have you been identified as a close contact of anyone who has had a positive COVID-19 diagnostic test?

If the answer to this question is “yes”, you must stay home to quarantine for at least 10 days from the last exposure to the close contact unless symptoms appear (see section above regarding symptoms in Box 1 and Box 2.

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

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 • (734) 727-7150
Nnenna Wachuku: nwachuku@waynecounty.com • (734) 727-7253
Lukas Ayers: layers@waynecounty.com • (734) 727-7076

01.07.21