

COVID-19 SCREENING TOOL FOR JPA STUDENTS

Name: _____ Date: _____

Temperature: _____

Detroit Health Department: Main Communicable Disease Line: (313) 876-4000

Wayne County Public Health Division: Main Communicable Disease Line: (734) 727-7078

*Each student should be screened EVERYDAY. They will be screened after temperature check and during breakfast time.

*If the answer is "YES" to one or more questions, please notify Ms. Philyaw. Please send this sheet with them with parent contact at the bottom of the survey.

Do you have:

Yes No A fever? (Temperature greater than 100.4?)

Yes No A new or worsening cough?

Yes No Shortness of breath/difficulty breathing?

Yes No Runny and/or congestion?

Yes No Body aches and/or tiredness?

Yes No Vomiting and/or diarrhea?

Yes No New loss of smell or taste?

*If any of the above questions are yes, please ask the remaining two questions.

Yes No Have you had contact with anyone who had a positive COVID-19 test in 14 days?

Yes No Have you or a family member traveled out of the US in the last 14 days?

*Student must quarantine if the answer to either question is yes.

Parent Name: _____

Parent Contact Number and Email: _____