CHILDREN'S THERAPY CORNER **COVID-19 Family Screening Tool**

Date: _____ Location: ☐ MID ☐ LAN ☐ TC

Child: _____ Present Guardian: _____

Question	Response	If YES answer given to Question 1 or 2……..
1. In the last 14 days has anyone in your household been <u>diagnosed positive</u> for COVID-19?	☐ No ☐ Yes	• **CHILD or HOUSEHOLD MEMBER TEST POSITIVE**: 14 days out from date of onset of symptoms and household be 3 consecutive days' symptom free without the use of fever1 reducing or other symptom1 altering medicines (ie cough suppressants). • **CHILD or HOUSEHOLD MEMBER EXPOSED TO AN INDIVIDUAL WHO TESTED POSITIVE**: From the date of contact with the tested individual at least 7 days out and household be 3 consecutive days' symptom 1 free without the use of fever1 reducing or other symptom1 altering medicines (ie cough suppressants).
2. In the last 14 days has anyone in your household been in ***close prolonged unprotected contact*** with anyone who has <u>tested positive</u> for COVID-19?	☐ No ☐ Yes	

3. In the past 7 days, has anyone in your household displayed any of the following symptoms not related to another health concern?

Symptom	*Child*	*Present Guardian*	*Other household member…*	IF YES answer given in Question 3……..
Fever > 100.4	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	• **CHILD IS SYMPTOMATIC**: 10 days out from date of onset of symptoms and household be 3 consecutive days' symptom free without the use of fever1 reducing or other symptom1 altering medicines (ie cough suppressants). • **CHILD EXPOSED TO A SYMPTOMATIC HOUSEHOLD MEMBER:** 7 days out from date from the date of onset of symptoms of the individual.
New cough	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Sore throat	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Acute Loss of Sense of Smell and/or Taste	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Shortness of breath	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	

	If YES answer given to Question 4…..
4. In the past 14 days has anyone in your household traveled outside of the United States? ☐ No ☐ Yes	14 days out from the date of return of travel.

	CHILD	PRESENT GUARDIAN
TEMP > 100.4 Degrees	☐ NO ☐ YES	☐ NO ☐ YES

** CLOSE PROLONGED CONTACT = Less than 6 feet for more than 10 minutes*

** UNPROTECTED = Not wearing applicable PPE or adhering to social distancing guidelines*

If you answered **"YES"** to any of the above questions,
Call the office, your in-clinic session will be cancelled
and a Team Member will contact you with further information and guidance.