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 . . . .
1. Since your last screening *(or 10 days whichever occurred first)*, 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 be 24 hours symptom free without the use of fever-reducing or other symptom-altering medicines (ie cough suppressants).

2. In the past 3 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 2 . . .**
Fever > 100.4	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	**CHILD IS SYMPTOMATIC**: 7 days out from onset of symptoms and be 3 consecutive days symptom free without the use of fever-reducing or other symptom-altering medicines (ie cough suppressants). **CHILD EXPOSED TO A SYMPTOMATIC HOUSEHOLD MEMBER**: 7 days out from date of onset of symptoms of the individual.
New uncontrolled cough that causes difficulty breathing *(for chronic allergic/asthmatic cough, a change in cough from baseline)*	☐ 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	
Diarrhea, vomiting or abdominal pain	☐ No ☐ Yes	N/A	N/A	

3. In the last 7 days, has anyone in your household traveled via plane outside of the State of Michigan for non-business related travel during which you were not adhering to social distancing and health and safety guidelines? ☐ No ☐ Yes

IF YES answer given in Question 3 above . . . . . . 7 days out from date of return from travel.

NEW! School and community-based environment questions below.

4. Since your last screening, have you been notified by your child's or sibling's school of a potential COVID-19 exposure or been requested to quarantine due to a potential exposure? ☐ No ☐ Yes

5. Since your last screening, have you, or anyone in your household, been notified of a potential COVID-19 exposure from a community-based environment? ☐ No ☐ Yes

If there is a quarantine, date it is lifted: _____

IF YES answer given in Question 4 or 5 above . . . . . . 3 days out from date of exposure, household is symptom free, and quarantine Is lifted.

	CHILD	PRESENT GUARDIAN
TEMP > 100.4 Degrees	☐ NO ☐ YES	☐ NO ☐ YES
	T1: T2:	T1: T2:

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.