

KenCrest / Philadelphia Department of Public Health COVID-19 Screening Tool

Date: _____

Child Name: _____

1. **TEMPERATURE:** Below 100.4°F At or above 100.4°F

IF temperature 100.4°F or higher → do not allow into the facility

2. SYMPTOMS

Do you have any of the following?

Cough Shortness of breath

If YES to either → do not allow into the facility

OR

Fever Sore throat
 Chills Muscle pain
 Headache New loss of taste or smell

If YES to 2 or more → do not allow into the facility

3. Has anyone under the age 18 in the home experienced a fever or body rash in the last two weeks.

If YES → do not allow into the facility, recommend outreach to health care provider for clearance to return

4. VISUAL INSPECTION

Does the individual have flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), lethargic, or extreme fussiness (in a child), or cough?

Yes No Comments:

If YES → do not allow into the facility

5. EXPOSURE

Have you or anyone in the household been exposed to anyone with a confirmed case of COVID-19 in the past 14 days?

Yes No Comments:

If YES → do not allow into the facility

Screener Name _____