



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name:

Child First Name:

DOB:

FOLDER:

ID#:

Date:

MI

Conduct a pre-screening call prior to each family visit for face-to-face services. If the family answers with a "yes" to any of the questions, after discussion, with the family, decide to either proceed with the face-to-face or reschedule the visit.

DATE: _____

CHILD NAME: _____ PARENT NAME: _____

- Is anyone running a fever? ☐ YES ☐ NO
- Have you or anyone in your home been sick within the past 24 hours (coughing, diarrhea, vomiting)? ☐ YES ☐ NO
- Has anyone recently been exposed to someone with COVID-19? ☐ YES ☐ NO
- Are you under quarantine for this illness? ☐ YES ☐ NO

WVBTT Family Pre-Screening for Face-to-Face Services

Conduct a pre-screening call prior to each family visit for face-to-face services. If the family answers with a "yes" to any of the questions, after discussion, with the family, decide to either proceed with the face-to-face or reschedule the visit.

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- Has anyone recently been exposed to someone with COVID-19? ☐ YES ☐ NO
- Are you under quarantine for this illness? ☐ YES ☐ NO