

STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete a daily symptom screening check by answering these questions before sending their child to school.

Has your child had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	_____YES	_____NO
Does your child have new or worsening shortness of breath?	_____YES	_____NO
Does your child have new or worsening cough?	_____YES	_____NO
Does your child have a fever of 100.4 or greater?	_____YES	_____NO
Does your child have chills?	_____YES	_____NO
Does your child have diarrhea?	_____YES	_____NO
Does your child have unexplained muscle pain?	_____YES	_____NO
Does your child have a headache (not related to a known health condition i.e. migraines)?	_____YES	_____NO
Does your child have a sore throat?	_____YES	_____NO
Does your child have a new loss of taste or smell?	_____YES	_____NO
Has your child been vomiting or is experiencing nausea?	_____YES	_____NO



If **YES** to **ANY** of the questions **DO NOT SEND YOUR CHILD TO SCHOOL**. Please seek guidance from your medical provider. Contact your school to inform them of your child's symptoms. You may also contact the South Dakota Department of Health at 1-800-592-1861 with questions.



If **NO** to **ALL** questions go to school.