



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 chills or a fever of 100.4 or greater?	_____ YES	_____ NO
Does your child have new or worsening cough?	_____ YES	_____ NO
Does your child have shortness of breath or difficulty breathing?	_____ YES	_____ NO
Is your child experiencing fatigue?	_____ YES	_____ NO
Does your child have unexplained muscle or body aches?	_____ 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 new loss of taste or smell?	_____ YES	_____ NO
Does your child have a sore throat?	_____ YES	_____ NO
Has your child been experiencing nausea or vomiting?	_____ YES	_____ NO
Does your child have diarrhea?	_____ YES	_____ NO

*Based on CDC guidelines from 5-13-20

	<p>If YES to <u>ANY</u> 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.</p>
	<p>If NO to <u>ALL</u> questions go to school.</p>