

# 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 <b>YES</b> to <b>ANY</b> of the questions <b>DO NOT SEND YOUR CHILD TO SCHOOL</b>. 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 <b>NO</b> to <b>ALL</b> questions go to school.</p>