

STAFF SYMPTOM SCREENING CHECKLIST

Staff must complete a daily symptom screening check by answering these questions before arriving at school.

Have I had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	_____ YES	_____ NO
Do I have chills or a fever of 100.4 degrees or greater?	_____ YES	_____ NO
Do I have new or worsening cough?	_____ YES	_____ NO
Do I have shortness of breath or difficulty breathing?	_____ YES	_____ NO
Do I have unexplained muscle or body aches?	_____ YES	_____ NO
Do I have a new loss of taste or smell?	_____ YES	_____ NO
Do I have a sore throat?	_____ YES	_____ NO
Have I been experiencing nausea or vomiting?	_____ YES	_____ NO
Do I have diarrhea?	_____ YES	_____ NO
Have I traveled outside South Dakota within the last 14 days (If yes, 14 day quarantine required)	_____ YES	_____ NO



If **YES** to **ANY** of the questions **DO NOT COME TO SCHOOL**. Please seek guidance from your medical provider. Contact Mr. Schroeder to inform him of your 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.