



# STUDENT SYMPTOM SCREENING CHECKLIST

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

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|---|-----------|----------|
| 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 degrees 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 |
| Does your child have unexplained muscle or body aches?  | _____ 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 |
| Have I traveled outside South Dakota within the last 14 days (If yes, 14 day quarantine required)           | _____ YES | _____ NO |

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|  | <p>If <b>YES</b> to <b><u>ANY</u></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><u>ALL</u></b> questions go to school.</p>   |