



VISITOR SYMPTOM SCREENING CHECKLIST

Visitors must complete a daily symptom screening check by answering these questions before entering the 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

	<p>If YES to <u>ANY</u> of the questions DO NOT ENTER THE SCHOOL. Please seek guidance from your medical provider. 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 you may enter.</p>