



# 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 consecutive minutes) with a confirmed case of COVID-19?	_____ YES	_____ NO
Does your child have chills or a fever of 100.4 F or greater?	_____ YES	_____ NO
Does your child have a sore throat?	_____ YES	_____ NO
Does your child have a new uncontrolled cough that causes difficulty breathing?	_____ YES	_____ NO
Does your child have diarrhea, vomiting, or abdominal pain?	_____ YES	_____ NO
Does your child have a severe 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 shortness of breath or problem breathing?	_____ YES	_____ NO
Does your child have chills or muscle pain?	_____ YES	_____ NO
Does your child feel nauseous or have a poor appetite?	_____ YES	_____ NO

\*Based on SDDOH guidelines from 7-30-2020

NOTE: Symptom screenings will fail to identify up to 16% of children who have COVID-19 infection

	<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 the school to inform us 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>