

APPENDIX A



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