



BEFORE SCHOOL



AT-HOME SCREENING

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

(Parent do not need to send the questionnaire to school)

COVID-19 SCREENING QUESTIONS

- ☼ Has your child had close contact with a confirmed case of COVID-19 in the past 14 days? ____ YES ____ NO
- ☼ Does your child have new or worsening cough? ____ YES ____ NO
- ☼ Does your child have new or worsening shortness of breath? ____ YES ____ NO
- ☼ Does your child have a fever of 100.4 or greater? ____ YES ____ NO
- ☼ Does your child have chills? ____ YES ____ NO
- ☼ Does your child have unexplained muscle pain? ____ YES ____ NO
- ☼ Does your child have diarrhea? ____ YES ____ NO
- ☼ Does your child have a headache (unrelated to a known health condition i.e. migraines)? ____ YES ____ NO
- ☼ Does your child have a sore throat? ____ YES ____ NO
- ☼ Does your child have a new loss of taste or smell? ____ YES ____ NO

If YES to ANY of these questions, STOP!
Do not send your child to school. Contact your Healthcare provider. Contact your school to inform them on your child's symptoms. You may also contact the SD Department of Health with any COVID-19 questions
1-800-997-2880



If you are able to answer NO to ALL question, go to school