

Questions before sending your child 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 shortness of breath?

YES NO

Does your child have new or worsening cough?

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 diarrhea?

YES NO

Does your child have unexplained muscle pain?

YES NO

Does your child have a headache (unrelated to a known health condition, i.e. migraines)?

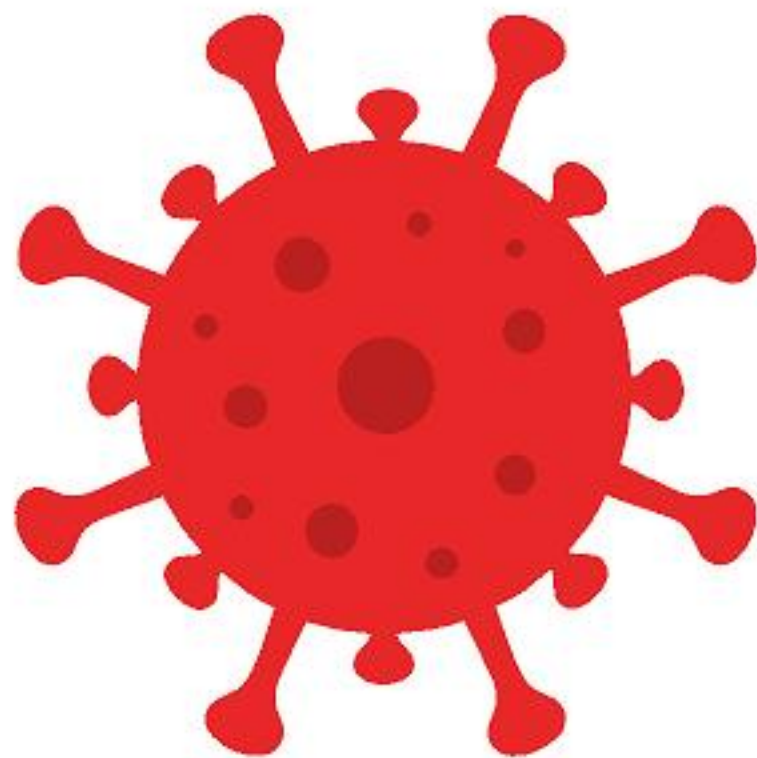
YES NO

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 of your child's symptoms. You may also contact the SD Department of Health with any COVID-19 questions 1-800-738-2301.



If you are able to answer NO to ALL questions, go to school.



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