





WATERTOWN SCHOOL DISTRICT No. 14-4
Office of the Superintendent
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Watertown School District 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 minutes) with a confirmed case of COVID-19?	_____ YES	_____ NO
Has your child traveled by air or mass transportation in the last 14 days?	_____ YES	_____ NO
Does your child have a fever of 100.4 or greater?	_____ YES	_____ NO
Does your child have a new loss of taste or smell?	_____ YES	_____ NO
Has your child been experiencing nausea or vomiting?	_____ YES	_____ NO
Does your child have diarrhea?	_____ YES	_____ NO

	If YES to ANY of the questions DO NOT SEND YOUR CHILD TO SCHOOL . Please seek guidance from your medical provider. Contact your school to inform them of your child's symptoms. You may also contact the South Dakota Department of Health at 1-800-592-1861 with questions.
	If NO to ALL questions go to school.