

Scobey Schools Daily Health Screening
Parents/Guardians do **NOT** need to send this to school.

Daily Symptom Questionnaire- for parents to **PRESCREEN** their child(ren) prior to sending them to school. We appreciate your assistance.

Does your child have a fever of 100.4 or greater?

Yes _____ NO _____

Does your child have a sore throat?

Yes _____ NO _____

Does your child have an 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, especially with a fever?

Yes _____ NO _____

Does your child have a new loss of taste or smell?

Yes _____ NO _____



If yes to any of the above Questions **STOP!** DO not send your child to school!

If they do not have either of the conditions below, follow usual Sickness protocols.



If you are able to answer **NO** to all questions, send your child to school!

Answer the below (2) questions if you answered YES to any of the above questions.

Did your child have close contact with a person with a confirmed case of COVID-19?

Yes _____ NO _____

Does your child travel to an area where the local health department is reporting a large number of Covid-19 cases?

Yes _____ NO _____

If the answer is YES to either of the above two (2) questions, please call the Daniels County Health Department at 406-487-5560 to determine the next steps prior to your child returning to school.