



# COVID-19 Daily Symptom Checker for Students

The Los Angeles County Public Health Officer and the California Department of Public Health (CDPH) require that a daily Covid-19 symptoms check be conducted for each student every morning before coming to school and entering campus. *The COVID-19 Daily Symptom Checker for Students* must be completed whether your child has symptoms or not. Students and families must use the TUSD COVID-19 screening tool by going to <https://c19.tusd.org> or scanning the QR code.



Once all questions are answered, a green screen will indicate the student is symptom free with a date and time stamp. Please show the green screen to staff members while dropping off your student. If you or your child does not have a smartphone in possession at the time of entry on campus, parents/students must complete the questionnaire below.

Your child should **not** come to school if you answer YES to any of the questions below.

Student's First and Last Name \_\_\_\_\_ School \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

## 1. Does your child have any of the following symptoms?

- Fever of 100.4 degrees or higher
- New cough (different from baseline)
- Diarrhea
- Vomiting

No **Student has no COVID-19 symptoms**

*If your child has symptoms that are not consistent with possible COVID-19 infection but there is still concern, evaluation of the child by a medical provider is recommended.*

## 2. Has your child been diagnosed with COVID-19 or asked by a health care provider to be tested for COVID-19 in the past 10 days?

- Yes       No

## 3. Has your child been in close contact (less than 6 feet for 15 minutes or more over a 24-hour period) or live in a household with someone who has been diagnosed with COVID-19 or someone who has been told by a health care provider to be tested for COVID-19 in the past 10 days?

- Yes       No

**If you answered YES to any of the questions, PLEASE CONTACT THE SCHOOL OFFICE PRIOR TO BRINGING YOUR CHILD TO CAMPUS.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_