

# Torrance Unified School District

Student Daily Health Screener



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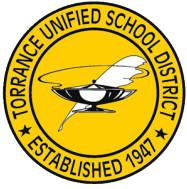
**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

YES	Question:	NO
	Is your child feeling ill?	
	Does your child have any of the following symptoms? (Fever of 100.4 degrees or higher; New cough (different from baseline); Diarrhea; or Vomiting)	
	Has your child been diagnosed with COVID-19 or asked by a health care provider to be tested for COVID-19 in the past 14 days?	
	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?	
	Have you traveled outside of California in the last 10 days? (DPH Travel Advisory and Guidance - 2/3/2021)	
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Signature: _____		Date: _____

**If you are walking your child to the gate:** Complete the form online ([c19.tusd.org](http://c19.tusd.org)) & show us the green field before entering.



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