

COVID-19 Athlete/Coach Monitoring Form

Name	Time	Circle Yes/No below						Temp (if higher than 100.3°F)
		Fever	Cough	Sore Throat		Shortness of Breath	Close contact, or cared for someone with COVID-19	
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		
		Yes No	Yes No	Yes No	Yes No	Yes No		