

# COVID-19 Athlete/Coach Monitoring Form



DATE: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Facility: \_\_\_\_\_

NAME:	TIME	FEVER	COUGH	SORE THROAT	SHORTNESS OF BREATH	CONTACT WITH COVID-19	TEMP IF 100.4 OR HIGHER
1. Coach:		YES NO	YES NO	YES NO	YES NO	YES NO	
2.		YES NO	YES NO	YES NO	YES NO	YES NO	
3.		YES NO	YES NO	YES NO	YES NO	YES NO	
4.		YES NO	YES NO	YES NO	YES NO	YES NO	
5.		YES NO	YES NO	YES NO	YES NO	YES NO	
6.		YES NO	YES NO	YES NO	YES NO	YES NO	
7.		YES NO	YES NO	YES NO	YES NO	YES NO	
8.		YES NO	YES NO	YES NO	YES NO	YES NO	
9.		YES NO	YES NO	YES NO	YES NO	YES NO	
10.		YES NO	YES NO	YES NO	YES NO	YES NO	
11.		YES NO	YES NO	YES NO	YES NO	YES NO	
12.		YES NO	YES NO	YES NO	YES NO	YES NO	
13.		YES NO	YES NO	YES NO	YES NO	YES NO	
14.		YES NO	YES NO	YES NO	YES NO	YES NO	
15.		YES NO	YES NO	YES NO	YES NO	YES NO	
16.		YES NO	YES NO	YES NO	YES NO	YES NO	
17.		YES NO	YES NO	YES NO	YES NO	YES NO	
18.		YES NO	YES NO	YES NO	YES NO	YES NO	
19.		YES NO	YES NO	YES NO	YES NO	YES NO	
20.		YES NO	YES NO	YES NO	YES NO	YES NO	