



Ohio High School Athletic Association



COVID-19 Coach/Student-Athlete Monitoring Form

DATE: _____

PERSON RESPONSIBLE: _____

FACILITY: _____

NAME	TIME	CIRCLE YES/NO BELOW										TEMP- IF > 100.3
		FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		CONTACT W COVID-19		
Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
1.		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	