# COVID-19 Athlete/Coach Monitoring Form

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