



LINCOLN-WAY EAST – FALL SPORTS 2020

“RETURN TO ACTIVITES 1.0”

Any person with positive symptoms reported should not be allowed to take part in workouts and should contact his or her primary care provider or other appropriate healthcare professional.

Should the conditions warrant, these requirements will be adjusted. Any further official updates will be posted on IHSA.org and the IHSA social media platforms.

COVID-19 Athlete/Coach Monitoring Form

_____ NAME OF ATHLETE _____ TODAY'S DATE _____ SPORT TITLE:	Circle Yes/No below										_____ CURRENT TEMPERATURE
Fever, Cough, Chills, and/or muscle aches	Sore throat, runny nose, and/or loss of taste or smell		Nausea, vomiting, and/or diarrhea		Shortness of Breath and/or headache		Close contact, or cared for someone with COVID-19				
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

Parent or Guardian emergency contact: # _____

Parent or Guardian Name: _____

****This form must be printed and submitted to the coach on a daily basis. Please make copies**