COVID-19 Athlete/Coach Monitoring Form

Sport: _____ Coach: _____

Date: _____ Meeting Time: _____ Location: _____

Name	Time	Circle Yes/No Below														Temperature (if higher than 99.1°)	Athlete Sent Home And Parent Notified
		Fever		Cough		Sore Throat		Loss of Taste or Smell		Shortness of Breath or Difficulty Breathing		Close Contact or Cared for Someone with COVID-19		Brought Water from Home			
Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
1.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
2.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
3.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
4.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
5.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
6.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
7.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
8.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
9.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		