COVID-19 Athlete/Coach Monitoring Form

Name	Date/Time	Circle Yes/No below										
		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		Temp (if greater than or equal to 100.4°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	