COVID-19 Coach/Athlete Monitoring Form

		Circle Yes/No below												
Name	**Time**	**Fever**		**Cough**		**Sore Throat**		**Shortness of Breath**		**Recent Loss of Taste or Smell**		**Close contact, or cared for someone with COVID-19**		**Temperature (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	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	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	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	