COVID-19 Athlete/Coach Monitoring Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | | | | | |
| Name | Time | Fever | | Cough | | Sort Throat | | Shortness of Breath | | Close contact, or cared for someone with COVID-19 | | Temp. (If higher than 100.3) |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |

Temperature may be obtained at home, prior to arrival. If person reports contact with someone who has tested positive, they should not be part of any workout activity for 14 days since the exposure.