# 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 | |