COVID-19 Participant/Coach Monitoring Form

PERSON RESPONSIBLE: _____

DATE:_____

TEAM: _____

NAME	TIME	CIRCLE YES / NO BELOW										TEMP
		FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		CONTACT W/ COVID-19		
COACH:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
1.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
2.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
3.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
4.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
5.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
6.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
7.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
8.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
9.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
10.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
11.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
12.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
13.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
14.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
15.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	