# COVID-19 Athlete/Coach Monitoring Form

Date of event: Location of event:

| | | Circle Yes or No | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Name** | **Time** | **Fever** | | **Cough** | | **Sore Throat** | | **Shortness of Breath** | | **Close contact, or cared for someone with COVID-19** | | **Temperature if above 100** |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |