PLAYER NAME	Phone #	Time	Temp	Cough	Difficulty	Sore	runny/stuffy	Chills	Loss	Nausea	Diarrhea	Headache	Initials
					Breathing	Throat	nose		Smell/taste	Vomiting			
			Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N