COVID-19 Player / Coach Monitoring Form

Date: _____

Players / Coaches in attendance Strikethrough any players / coaches who do not attend. Write in any additional players / coaches who attend.	Circle / Check YES or NO below										Temperature (if higher than 100.3°F)
	Fever (>100.3°F)		Cough		Sore Throat		Shortness of Breath		Close contact with someone with COVID-19		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	