Date: **Sport:**

2020 COVID-19 Athlete and Coach Monitoring Form

Name	Time	Release Waiver	Fever		Cough		Sore Throat		Loss of Taste or Smell		Shortness of Breath or Difficulty Breathing		Close Contact or Cared for Someone with COVID-19		Water from Home		Temp (If higher than 99.1*)	Athlete Sent Home/Parent Notified
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

Signature of Coach: ____