COVID-19 Athlete/Coach Monitoring Form (Check Yes/No appropriately):																			
Name (Coach/Athlete)	Date and Time	Cough YES / NO			Breat	iculty athing S / NO		Sore Throat YES / NO			Loss of or Si YES	mell		with in pers (COVI within previous da	Had contact with infected person (COVID-19) within the previous 14 days YES / NO		Fever YES / NO		Temperature (Staff must have temperature taken, students optional)
EX: John Smith	6/17/2020 11:00 AM		>			>			< >			<b>&gt;</b>			>			<b>\</b>	97.5