**Ohio High School Athletic Association**

***{INSERT YOUR SCHOOL LOGO HERE}***

**COVID-19 Athlete/Coach Monitoring Form**

DATE: PERSON RESPONSIBLE: FACILITY:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TIME** | **CIRCLE YES/NO BELOW** | **TEMP- IF > 100.4** |
| **FEVER** | **COUGH** | **SORE THROAT** | **SHORTNESS OF BREATH** | **CONTACT W COVID-19** |
| Coach:  |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 1. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 2. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 3. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 4.  |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 5. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 6. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 7. |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 8.  |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |
| 9.  |  | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |  |