COVID-19 Participant / Coach Monitoring Form

Date: _____ Stable/Pod/Group: _____ Program: _____

Name	Drop off time	Participant/Coach Telephone Number	Emergency Contact & Phone Number	Temp.	Fever?		Any fever within last 48 Hours?		Cough?		Shortness of Breath?		Close contact with anyone with COVID-19?		Last time traveling out of state?	Pick up time
					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		