Covid-19 Coach-Player Check-In Form

Date:_____ Team:_____ Opponent: _____ Location:_____

Coach/Player Name	Are you currently sick or ill?		Fever?		New or Worsening Cough?		Shortness of Breath		Close contact with anyone with Covid-19?	
(Covid Monitor)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
(Head Coach)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
(Asst Coach)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
(Asst Coach)	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