



COVID-19 Coach/Athlete Symptom Checklist

Date/time:		School:		Event:						Team:			
Name, Phone		County	Fever		Cough		Sore throat		Shortness of breath		Close contact; or care for someone with covid-19		Temp (if >100.4 °F)
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

Do not exchange this form – keep on file at your school.