SPORT _____ TBS- COVID-19 Athlete/Coach Monitoring Form 2020-2021

DATE: _____ / TIME BLOCK of PRACTICE:_____

Cleaning Procedures Done:

Athlete (Answer yes/no to symptom questions)	**Close contact to person with Covid?**	**Record Temperature (100.3 above concern)**	**Cough?**	**Shortness Breath?**	**Sore Throat?**	**Loss Taste or Smell?**	**Nausa? Vomiting?**	**Aches Chills?**
1								
2								
3								
4								
5								

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2020-2021