

**NCHSAA COVID -19 Athlete / Coach / Staff Daily Monitoring Form**

Sport:			Must be Fully Completed for all Individuals Present Each Day Circle Appropriate Response for Each Item Below								Date:		
Max. 25	Name	School Staff or Athlete	Racing, Fluttering, or Skipping Beats of Heart	Unusual Dizziness During or After Exercise	Cough or shortness of breath	Sore Throat	New loss of taste or smell	Diarrhea or Vomiting	Household Member with COVID-19	Close Contact with someone with COVID-19	Fever	Temperature Greater than 100.4° F	Record <u>ALL</u> Temperature Readings of 100.4 F or more
#1		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#2		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#3		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#4		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#5		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#6		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#7		S / A	Yes / No	Yes / No	Yes / No	No	No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#8		S / A	Yes / No	Yes / No	Yes / No	No	No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#9		S / A	Yes / No	Yes / No	Yes / No	No	No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#10		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#11		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#12		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#13		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#14		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#15		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#16		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#17		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#18		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#19		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#20		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#21		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#22		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#23		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#24		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
#25		S / A	Yes / No	Yes / No	Yes / No	No	Yes / No	Yes / No	Yes / No	Yes / No	No	Yes / No	
<b>Demographic Information</b>			<b>Cardiac Related Symptoms</b>		<b>Signs and Symptoms of COVID-19 Exposure</b>						<b>Daily Fever/Temperature Assessment</b>		

\*\* If the participant answered "Yes" to any of the questions above, they CANNOT participate in any further school-related workouts until they have been cleared by a physician

