



# Ohio High School Athletic Association



## COVID-19 Athletic/Coach Monitoring Form

DATE: \_\_\_\_\_

Coach: \_\_\_\_\_

School: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

Player Position	Name	Grade	Time	Circle YES or NO below										Temp - if > 100.4		
				FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		CONTACT W/ COVID-19				
1				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
2				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
3				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
4				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
5				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Coach				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

***This form needs to be turned into the Tournament Manager and will also serve as your team lineup. Please mark players in correct order.***