



# Ohio High School Athletic Association



## COVID-19 Athlete/Coach Monitoring Form

DATE:

COACH/PERSON RESPONSIBLE:

FACILITY USED:

TIME OF TRAINING SESSION:

NAME	TIME	CIRCLE YES/NO BELOW										TEMP - IF > 100.4
		FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		CONTACT W COVID-19		
Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
1.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
2.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
3.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
4.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
5.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
6.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
7.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
8.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
9.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

This form must be saved in a binder or turned in/shared in Google drive every time you have a training session