



Ohio High School Athletic Association

2021 Dist. Wrestling Tournament: Division II - Perry



COVID-19 Athlete/Coach Monitoring Form

DATE: _____

PERSON RESPONSIBLE: _____

TEAM: _____

NAME	TIME	CIRCLE YES/NO BELOW										TEMP- IF > 100.4
		FEVER		COUGH		SORE THROAT		SHORTNESS OF BREATH		CONTACT W COVID-19		
Head Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Assistant Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Assistant Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Assistant Coach:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Assistant 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	
10.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
11.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
12.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
13.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
14.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	