# Ohio High School Athletic Association

## COVID-19 Athlete/Coach Monitoring Form

DATE:_____ PERSON RESPONSIBLE:_____

**Symptom List: Fever or Chills, Cough, Sore Throat, Shortness of Breath/Difficulty Breathing, Headache, Muscle or Body Aches, Fatigue, Nausea/Vomiting, Lack of Appetite, Diarrhea, Congestion/Runny Nose, or Loss/Change of Taste or Smell**

| | | | | | | | | | Away Facility |
|---|---|---|---|---|---|---|---|---|---|
| | | CIRCLE YES/NO BELOW | | | | | | TEMPERATURE | TEMPERATURE |
| NAME | TIME | Are You Experiencing Any Of The Above Listed Symptoms? | | CONTACT W/ COVID-19 | | List Symptom(s) That You Are Experiencing | | Cannot be over 99.9 | Cannot be over 99.9 |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |
| | | YES | NO | YES | NO | | | | |