

OHSAA COVID-19 Athlete/Coach Monitoring Form

Date: ___/___/___ Training Session Time: ___:___ PM/AM Location: _____ Screener: _____

Name (Coaches & Athletes)	Time	Circle YES/NO Below										Temp
		Fever		Cough		Sore Throat		Shortness of Breath		Contact w/ COVID-19		
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	
15.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
16.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
17.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
18.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
19.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
20.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
21.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
22.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
23.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
24.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
25.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
26.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
27.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

