# NCISAA Covid-19 Athlete/Coach Monitoring Form

| Date: | | Circle Yes/No Below | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Time | Fever | | Cough | | Sore Throat | | Shortness of Breath | | Close contact, or cared for someone w/Covid-19 | | Temp (if higher than 100.3 F) |
| | | 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 | 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 | 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 | 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 | |