

# CSAA COVID-19 Athlete / Coach Monitoring Form

Safety Manager Name: \_\_\_\_\_

Date: \_\_\_\_\_



Player or Coach Name

Time

Circle Yes/No below

Fever

Cough

Sore  
Throat

Shortness  
of Breath

Close  
contact, or  
cared for  
someone  
with  
COVID-19

Temp (if higher than  
100.3°F)

Yes

No

Yes

No

Yes

No

Yes

No

Yes

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Yes

No

Yes

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Yes

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