



Diocese of Cleveland CYO

COVID-19 Athlete Monitoring Form

Head Coaches are responsible for monitoring their athletes
for symptoms of COVID-19 at practices and games.
Monitoring Form must be completed at the beginning of every practice and game.
If the answer to any question is YES, the athlete must be sent home.

MEMBER _____ SPORT _____ GRADE _____ Team Gender _____

NAME	TIME	CIRCLE YES/NO BELOW										TEMP IF > 100.4
		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	
28.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
29.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
30.		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

PRACTICE/GAME DATE _____ FORM COMPLETED BY COACH _____