

NCHSAA COVID -19 Wrestling Practice/Contest Daily Monitoring Form

| Sport: WRESTLING | | Must be Fully Completed for all Individuals Present Each Day Circle Appropriate Response for Each Item Below | | | | | | | | Date: | | |
|--------------------------------|----------------------|---|--|--|---|----------------------------|----------------------|--------------------------------|---|----------------|-----------------------------------|---|
| | Student-Athlete Name | Racing, Fluttering, or Skipping Beats of Heart | Unusual Dizziness During or After Exercise | Cough or shortness of breath | Sore Throat (Not related to seasonal allergies) | New loss of taste or smell | Diarrhea or Vomiting | Household Member with COVID-19 | Close Contact with someone with COVID-19 | Fever / Chills | Temperature Greater than 100.4° F | Record <u>ALL</u> Temperature Readings of 100.4 F or more |
| #1 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #2 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #3 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #4 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #5 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #6 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #7 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #8 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #9 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #10 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #11 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #12 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #13 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #14 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #15 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #16 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #17 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #18 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #19 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #20 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #21 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #22 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #23 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #24 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| #25 | | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | |
| Demographic Information | | Cardiac Related Symptoms | | Signs and Symptoms of COVID-19 Exposure | | | | | Daily Fever/Temperature Assessment | | | |

If the participant answered "Yes" to any of the questions above, they CANNOT participate in any further school-related athletics until they have been cleared by a physician.

Exception: If the participant answered "Yes" ONLY to "Close Contact with someone with COVID-19", in accordance with CDC, the participant should quarantine per local health dept. guidance. Physician's clearance is not required.

If at any time during the quarantine the participant develops COVID-19 symptoms, in order to return to school-related athletics, the participant must be cleared by a physician.

