

**NCHSAA COVID -19 Athlete / Coach / Staff Daily Monitoring Form**

Sport:			Must be Fully Completed for all Individuals Present Each Day Circle Appropriate Response for Each Item Below									Date:		
	Name	School Staff or Athlete	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		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#2		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#3		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#4		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#5		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#6		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#7		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#8		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#9		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#10		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#11		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#12		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#13		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#14		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#15		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#16		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#17		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#18		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#19		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#20		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#21		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#22		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#23		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#24		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
#25		S/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
<b>Demographic Information</b>			<b>Cardiac Related Symptoms</b>		<b>Signs and Symptoms of COVID-19 Exposure</b>						<b>Daily Fever/Temperature Assessment</b>			

\*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 for 14 days. Physician's clearance is not required.\*\*

\*\*\*If at any time during a 14-day quarantine the participant develops COVID-19 symptoms, in order to return to school-related athletics, the participant must be cleared by a physician.\*\*\*

