

ATHLETE COVID-19 MONITORING DAILY LOG
MADISON SCHOOLS

Sport participating in: _____

Athlete's full name: _____
(Please print neatly)

Please complete each line:

Do you have a fever: Yes _____ No _____

Do you have a cough: Yes _____ No _____

Do you have a sore throat: Yes _____ No _____

Do you have shortness
of breath: Yes _____ No _____

Have you been in close
contact or cared for someone
with Covid-19: Yes _____ No _____

Do you have a temperature
higher than 100.3 F: Yes _____ No _____

Athlete signature: _____

Date: _____