

### Covid-19 Tracking Form

Any person with positive symptoms reported should not be allowed to take part in practice or games and should contact his or her primary care provider or other appropriate healthcare professional.

This form must be given to the coach before ALL practices or games. If you forget the form, that player cant play. One form per player per event.

Name	Date	Time	Circle <b>Yes/No</b> below										Temp (if higher than 100.4 F, the player needs to stay home)	
			Fever, Cough, Chills, and/or Muscle aches		Sore Throat, runny nose, and/or loss of taste or smell		Nausea, vomiting, and/or diarrhea		Shortness of Breath and/or headache		Close contact, or cared for someone with Covid-19			
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

\_\_\_\_\_  
Parent or Legal Guarding Signature

\_\_\_\_\_  
Print Name

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