Date: Sport:	2020 COVID-19 Lorain High Athlete and Coach Monitoring Form																
Name	Time	Fever		Cough		Sore Throat		Loss of Sense or Smell		Breath or Difficulty Breathing		or Cared for Someone with COVID-19		Water from Home		Temp (If higher than 100.3*)	Athlete Sent Home/Parent Notified
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
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		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		