



PRACTICE SIGN-IN SHEET SYMPTOM TRACKER

Signed by coaches, volunteers, partners, and athletes at each practice

TEAM NAME: _____

DATE: _____

	FIRST NAME	LAST NAME	PHONE	EMAIL	FEVER (Fever = temp of 100.4° F)	COUGH	OTHER SYMPTOMS (Chills, sore muscles, sore throat, shortness of breath, or loss of taste/smell)	BEEN AROUND ANYONE SICK WITH COVID-19?
1					Yes / No	Yes / No	Yes / No	Yes / No
2					Yes / No	Yes / No	Yes / No	Yes / No
3					Yes / No	Yes / No	Yes / No	Yes / No
4					Yes / No	Yes / No	Yes / No	Yes / No
5					Yes / No	Yes / No	Yes / No	Yes / No
6					Yes / No	Yes / No	Yes / No	Yes / No
7					Yes / No	Yes / No	Yes / No	Yes / No
8					Yes / No	Yes / No	Yes / No	Yes / No
9					Yes / No	Yes / No	Yes / No	Yes / No
10					Yes / No	Yes / No	Yes / No	Yes / No
11					Yes / No	Yes / No	Yes / No	Yes / No
12					Yes / No	Yes / No	Yes / No	Yes / No
13					Yes / No	Yes / No	Yes / No	Yes / No