



(Insert School Logo Here)

COVID-19 Participant/Coach Monitoring Form

DATE: _____ PERSON RESPONSIBLE: _____

NOTE: Any individual who has had close contact (within 6 feet for at least 15 minutes) with someone who has a confirmed case of COVID-19 should contact the South Dakota Department of Health for further guidance.

NAME	FEVER OF 100.4 OR GREATER		NEW/ WORSENING COUGH		UNEXPLAINED SORE THROAT		SHORTNESS OF BREATH		UNEXPLAINED FATIGUE OR MUSCLE/BODY ACHES?		HEADACHE NOT RELATED TO KNOWN CONDITIONS?		NEW LOSS OF TASTE OR SMELL?		NAUSEA/ VOMITING/ DIARRHEA	
	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

CIRCLE YES/NO BELOW