Covid-19 Daily Assessment Log Sheet

For the Week of _____

Sport _____ **Coach's Name** _____

#1 - Have you tested positive for Covid-19?

#2 - If yes, do you have a medical clearance with you now?

#3 - Have you had a new onset cough or shortness of breath?

#4 - In the last 14 days, have you had any known exposure to an individual with a Covid-19 positive diagnosis or has shown symptoms of illness?

Student Name	Temp 100 or Below?	Monday				Tuesday				Wednesday				Thursday				Friday			
		#1	#2	#3	#4	#1	#2	#3	#4	#1	#2	#3	#4	#1	#2	#3	#4	#1	#2	#3	#4