

Special Olympics Colorado

Practice Sign-In Sheet Symptom Tracker

(Signed by coaches, volunteers, partners athletes)

TEAM NAME:								
DATE:								
	<u>First Name</u>	<u>Last Name</u>	<u>Phone</u>	<u>Email</u>	<u>Fever</u>	<u>Cough</u>	<u>Other Symptoms:</u> Chills, Sore Muscles, Sore Throat or Loss of Taste or Smell, Shortness of Breath	<u>Been around anyone who is sick?</u>
1					No Yes	No Yes	No Yes	No Yes
2					No Yes	No Yes	No Yes	No Yes
3					No Yes	No Yes	No Yes	No Yes
4					No Yes	No Yes	No Yes	No Yes
5					No Yes	No Yes	No Yes	No Yes
6					No Yes	No Yes	No Yes	No Yes
7					No Yes	No Yes	No Yes	No Yes
8					No Yes	No Yes	No Yes	No Yes
9					No Yes	No Yes	No Yes	No Yes
10					No Yes	No Yes	No Yes	No Yes
11					No Yes	No Yes	No Yes	No Yes
12					No Yes	No Yes	No Yes	No Yes
13					No Yes	No Yes	No Yes	No Yes