

# Special Olympics Colorado

## Practice Sign-In Sheet and Symptom Tracker

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

TEAM NAME: _____					DATE: _____				
COACH NAME: _____									
	<u>First Name</u>	<u>Last Name</u>	<u>A/UP</u>	<u>Phone</u>	<u>Email</u>	<u>Fever</u> (Fever = temp of 100.4°F +)	<u>DOB</u>	<u>Other Symptoms:</u> Cough, Chills, Sore Muscles, Sore Throat or Loss of Taste or Smell, Shortness of Breath	<u>Been around anyone sick?</u>
1						No Yes		No Yes	No Yes
2						No Yes		No Yes	No Yes
3						No Yes		No Yes	No Yes
4						No Yes		No Yes	No Yes
5						No Yes		No Yes	No Yes
6						No Yes		No Yes	No Yes
7						No Yes		No Yes	No Yes
8						No Yes		No Yes	No Yes
9						No Yes		No Yes	No Yes
10						No Yes		No Yes	No Yes
11						No Yes		No Yes	No Yes
12						No Yes		No Yes	No Yes

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13						No Yes	No Yes	No Yes	No Yes
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