

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>Athlete (A), Coach (C) or Partner (P)</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

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

	<u>First Name</u>	<u>Last Name</u>	<u>Athlete (A), Coach (C) or Parter (P)</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>
12						No Yes		No Yes	No Yes
13						No Yes	No Yes	No Yes	No Yes
14						No Yes	No Yes	No Yes	No Yes
15						No Yes	No Yes	No Yes	No Yes
16						No Yes	No Yes	No Yes	No Yes
17						No Yes	No Yes	No Yes	No Yes
18						No Yes	No Yes	No Yes	No Yes
19						No Yes	No Yes	No Yes	No Yes
20						No Yes	No Yes	No Yes	No Yes
21						No Yes	No Yes	No Yes	No Yes