



## St. Basil the Great Athletic Association - COVID-19 TEAM MONITORING FORM

Head Coaches and Monitors are responsible for monitoring ALL participants at practice / competition.  
This Monitoring Form must be completed BEFORE the beginning of EVERY practice and competition.

If a participant answers YES to ANY question or the arrival temperature is greater than 100.4 °F,  
that individual must leave the practice / competition immediately

**AT THE END OF THE EVENT, please sign and return to the St. Basil Parish Office (if office is closed, use the mailbox)**

NAME	PRESENT AT EVENT	TEMP ON ARRIVAL	SYMPTOMS - COUGH, BODY ACHES / SORE THROAT / LOSS OF TASTE OR SMELL / CHEST PAIN (IF YES – DESCRIBE)	EXPOSURE TO COVID-19 (IF YES – APPROX. DATE)	TRAVEL TO A RESTRICTED AREA IN THE LAST 14 DAYS
			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

**Sport:** \_\_\_\_\_

**Gender / Grade Level:** \_\_\_\_\_

**Date of Practice/Competition:** \_\_\_\_\_

**Location of Practice/Competition:** \_\_\_\_\_



Online Submission:  
<https://bit.ly/31wW28U>

\_\_\_\_\_  
Coach Name & Signature

\_\_\_\_\_  
Monitor Name & Signature

Use reverse side for additional comments or notes.

Additional Comments / Notes : \_\_\_\_\_

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