Sacramento City Unified School District

DAILY ATTENDANCE
COVID-19 ATHLETE/COACH MONITORING FORM

School: _____

Team: _____

Date of Practice _____

Coach: _____

Signs of illness: Fever or chills (100.4 degrees or more), Cough, Shortness of Breath/Difficulty Breathing, Fatigue, Muscle/Body Aches, Headache, New loss of Taste or Smell, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting or Diarrhea

Student/Coach Name	Are there any signs of illness observed or reported?		Comments
	☐ 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	