



WELLNESS FORM ATHLETE / COACH MONITORING

NAME:	GROUP:	TIME:		FEVER:		COUGH:		SORE TROAT:		SHORTNESS OF BREATH:		CLOSE CONTACT W/COVID-19:		TEMPERATURE READING:
		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	
		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	

INSTRUCTIONS

- ONE WELLNESS FORM PER DAY PER TRAINING. CLEARLY FILL OUT DATE. INCLUDE LOCATION OF THE POD IN PHASES 1 AND 2. COACHES/ TRAINERS TEMPERATURES SHOULD BE RECORDED AS WELL
- CIRCLE YES OR NO
- TEMPERATURE READING OVER 100.3 ATHLETE CAN'T PARTICIPATE SHOULD BE SENT BACK HOME AND FOLLOW UP WITH PARENTS- CLEARANCE FROM DOCTOR MUST BE ON FILE TO ALLOW THE ATHLETE BACK. QUESTIONS FOLLOW UP WITH ROCCOT@OPHIRFIELD.COM
- TEMPERATURE READING OVER 100.3 SHOULD BE IMMEDIATELY NOTIFY BY EMAIL TO ROCCOT@OPHIRFIELD.COM TO KICK-OFF SUSPECTED CASE OF COVID-19 CLEARING PROTOCOL