Quakertown Soccer Club Covid-19 Temperature Monitoring Form

Effective: 18 Jun 2020

-This form must be completed by a coach prior to any organized practice active regardless of location held. Record for players and coaches

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Reports Feeling Well? | Player Temperature (Record Actual Temperature – must be below 100.4°) | Cleared to Practice? |
| √ - indicates a positive response (Yes) X – indicates a negative response (No) |
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