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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 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) | | | |
| C |  |  |  |
| C |  |  |  |
| C |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |